

## *Illnesses and creativity*

### Byron's appetites, James Joyce's gut, and Melba's meals and mésalliances

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Even for amateurs the retrospective rediagnosis of the famous is one of the lowest forms of medical history, but I hope this three course dinner with its appetiser (Byron), main course (Joyce), and dessert (Melba) will prove worthy of Christmas 1997.

#### Byron's appetites

George Gordon Byron<sup>1-9</sup> was born in 1788 and was unfortunate in his ancestors. On his father's side were psychopathic noblemen. His great uncle, the 5th "wicked" lord, killed his cousin in 1765 in a duel over the best way to hang game, and after his wife left him begat a bastard by one of his servants, "Lady Betty."<sup>5</sup> Byron's admiral grandfather, "Foulweather Jack", was an irresponsible rake, as was his father, "Mad Jack", who degraded, impoverished and deserted Byron's mother, had an incestuous affair with his own sister Frances,<sup>7</sup> and died in 1792. Catherine Gordon, Byron's mother, boasted descent from James I of Scotland, but her ancestors were brigands and melancholics, with her grandfather in 1760 and her father in 1779 both drowning, presumed to be suicidal.

Byron's widowed mother abused him for his father's vices. Byron claimed his nursemaid beat and seduced him.<sup>9</sup> In 1798 the 5th lord died, and at the age of 10 Byron inherited the title and moved with his mother from Aberdeen to Newstead Abbey, given to the family by Henry VIII. He lived there on and off until he left England in 1816, never to return.

It would be presumptuous to extol the glories of Byron's poetry or his role as the exemplar of the Romantic hero. His general medical history is well known, especially his lameness, usually thought to be a club foot, for which he wore a brace and boot "which haunted him like a curse."<sup>2</sup> It was probably a simple dysplasia<sup>10</sup> for which John Hunter alone correctly predicted "it will do very well in time." Byron also suffered from biliousness, catarrh, chilblains, convulsions, constipation, faintness, giddiness, gonorrhoea, haemorrhoids, kidney stone, liver complaints, rheumatism, scarlet fever, sunburn, tertian fever, and warts.

In 1823 Byron went to fight for the liberty of Greece against the Turks. There he caught a fever after a sudden downpour while riding. His doctors bled him with leeches and lancets, gave him blisters and clysters,

#### Summary points

Byron's appetite problems were not simply sexual; there is evidence that he had a bulimia or anorexia eating disorder

James Joyce's writings show a profound knowledge of human disease; his own epigastric pain, despite various attempts at cure, eventually led to his death

Melba loved luxury and good food, but after a doomed affair with a duke she developed erratic eating habits; her immortality is as much gastronomic as operatic

purgatives, antimony, laudanum, and ether. After a painful, pathetic illness, probably malaria, he died at Missolonghi on 19 April 1824. He was only 36.

#### Byron's body image

"In his attention to his person and dress, to the becoming arrangement of his hair [he slept in curlers] 'I am as vain of my curls as a girl of sixteen'<sup>11</sup> and to whatever might best show off the beauty with which nature had gifted him, he manifested ... his anxiety to make himself pleasing to that sex who were, from first to last, the ruling stars of his destiny."<sup>2</sup> Byron is notorious for what is technically known as sexual polymorph perversity—that is, voracious enjoyment, be it of man, woman, child, or even his half-sister. His most passionate temptress, Lady Caroline Lamb, encapsulated him forever in just six words: "mad—bad—and dangerous to know."<sup>12</sup>

Byron had appetite problems which were not simply sexual, and Wilma Paterson has developed the hypothesis that he had a bulimia or anorexia eating disorder.<sup>13 14</sup> Byron was a miserable, fat, and bashful boy, scurrilously and violently abused by his ungainly, obese mother.<sup>3 6</sup> He was wretched at leaving Harrow in 1805, and wretched at going to Cambridge instead of Oxford. When he went up to Trinity College he was miserable and untoward. However, he soon became less diffident: "I took my gradations in the vices with

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great promptitude, but they were not to my taste ... I could not share in the common place libertinism of the place and time without disgust. ... College is not the place to improve either morals or income. ... Since I left Harrow I have become idle and conceited, from scribbling rhyme and making love to women."<sup>2</sup> 6 Thomas Moore claimed that Byron's singularities were chiefly to be ascribed to his college associates, but Hobhouse did not accept this: "Certainly Byron had nothing to learn [in depravity] when he came from Harrow."<sup>15</sup>

By the age of 18 Byron was 5 feet 8½ inches (174 cm) tall and weighed 14 stone 6 pounds (90 kg) and was increasingly melancholic. "I am grown *very thin*, however it is the Fact, so much so, that the people here think I am *going*, I have lost 18 LB in my weight ... since January ... on account of a Bet with an Acquaintance, however don't be alarmed, I have taken every means to accomplish the end, by violent exercise & Fasting, as I found myself too plump.—I shall continue my Exertions, having no other amusement, I wear *seven* waistcoats, and a great Coat, run and play at Cricket in this Dress, till quite exhausted by excessive perspiration, use the hot Bath daily, eat only a quarter of pound Butcher's meat in 24 hours, no Suppers, or Breakfast, only one meal a Day, drink no malt liquor, little wine, & take physic occasionally, by these means, my *Ribs* display Skin of no great thickness, and my Clothes, have been taken in nearly *half a yard*, do you believe me now? ... I grow thin daily; since the commencement of my System I have lost 23 lbs in my weight ... to 12 st 11 lb ... I shall still proceed until I arrive at 12 st and then stop, at least if I am not too fat, but shall always live temperately and take much exercise. ... I have reduced myself ... to 12 stone 7 lb. ... I ... now ... weigh 12 stone ... I shall reduce myself to 11, & there stop ... many of my acquaintance ... have hardly believed their optics, my visage is lengthened, I appear taller, & somewhat *slim*, & mirabile dictu !! my Hair once black or very dark brown, is turned ... to a *light Chesnut*, nearly approaching *yellow*, so that I am metamorphosed not a little. ... I ... am barely 11 stone ... with all my clothes, heavy shoes, gaiters &c ... I find I am not only *thinner*, but *taller* by an Inch since my last visit, I was obliged to tell everybody my *name*, nobody having the least recollection of my *visage*, or person. ... My weight is now *10 stone 11 lb !!!* ... now only *ten stone and a half*." <sup>6</sup>

This crash diet brought him down to 9 stone 11 1/2 pounds (61 kg). He later became a "leguminous-eating Ascetic." <sup>6</sup> "I have long left off Wine entirely ... my meal is generally at ye Alfred, where I eat my vegetables in place. ... For a long time I have been restricted to an entire vegetable diet, neither fish or flesh coming within my regimen, so I expect a powerful stock of potatoes, greens, & biscuit, I drink no wine." <sup>6</sup> Nothing gratifies him so much as being told that he grows thin: "Don't you think I get thinner? Did you ever see any person so thin as I am, who was not ill?" <sup>3</sup> "Webster ... found me thinner even than in 1813, for ... I have subsided into my former more meagre outline. ... I am as thin as a skeleton—thinner than you saw me at my first arrival in Venice and thinner than *yourself* there is a climax!" <sup>6</sup> Byron's accounts reveal payments for all his food and drink, and in 1811 he bought a treatise on corpulence.<sup>7</sup> This treatise was probably William Wadd's *Cursory Remarks on Corpulence*, published anonymously

in 1810. Wadd cited Coelius Aurelianus's triad of diet, exercise, and sweating. "His food is to be chiefly bread made with bran, vegetables of all kinds; a very small quantity of animal food, which should be dry and free from fat. He advises very little sleep, and positively forbids it after meals."<sup>16</sup>

When Byron dined with Samel Rogers in November 1811 he asked for just "hard biscuits and soda water." These were not available, so he dined on bruised potatoes drenched with vinegar.<sup>17</sup> Rogers's anecdote that Byron later went to his club "and eaten a hearty meat-supper" is probably a fiction. In 1821 his breakfast "consisted of a cup of strong green tea, without milk or sugar, and an egg, of which he ate the yolk raw. ... My digestion is weak; I am too bilious ... to eat more than once a-day, and generally live on vegetables. To be sure, I drink two bottles of wine at dinner, but they form only a vegetable diet. Just now, I live on claret and soda water."<sup>1</sup>

In spite of his cult of thinness he remained a passionate gourmet and giver of famous dinner parties. One menu does survive from a Byron dinner, on 2 January 1822 in Pisa, with just three main courses, but 18 dishes.<sup>7</sup> For each course all the dishes would have been served at once and laid on the table for the guests to help themselves. The first course was thick dark vegetable soup, or herb soup à la santé, with fried sweetbreads or cream cheese; a salami of pork with lentils, spinach, and ham; boiled capons; beef garnished with potatoes; and a fish stew. That course would then have been removed and in came the grand set piece, which the host carved. There was veal, roast capons, roast woodcocks, baked fish, a fricasee of poultry, and another stew. The dessert was blanched and plain almonds with pears, oranges, and chestnuts. With dinner they would have drunk claret and hock, and afterwards coffee and tea. (This was a modest dinner compared with what the Prince Regent was serving in Brighton about the same time, when in 1817 the kitchens of his Royal Pavilion produced 36 courses of 112 dishes.<sup>18</sup>)

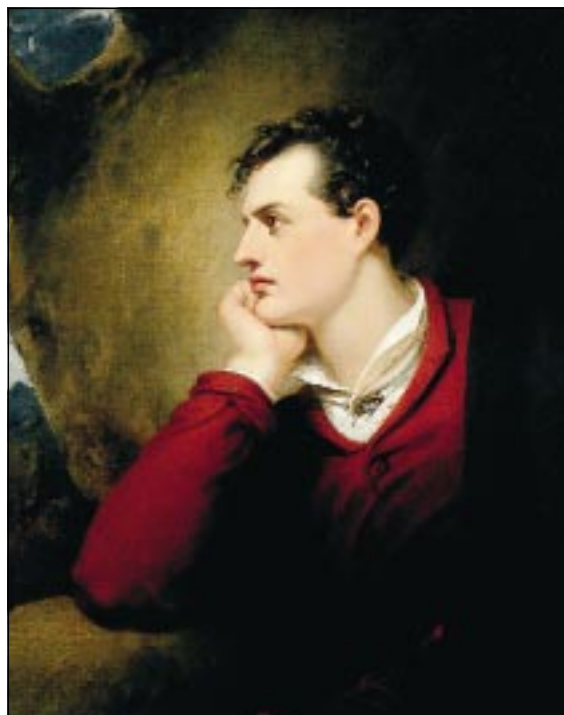
Yet Byron was almost never seen, and did not like to see others, eating. "I don't know how I shall manage this same wooing ... I am sadly out of practice lately, except for a few sighs to a Gentlewoman at supper who was too much occupied with ye *fourth* wing of her *second* chicken to mind anything that was not material. ... I only wish she did not swallow so much supper, chicken wings—sweetbreads—custards—peaches and *Port* wine—a woman should never be seen eating or drinking, unless it be *lobster sallad & champagne*, the only true feminine & becoming viands. ... I have prejudice about women: I do not like to see them eat."<sup>1</sup> "He disliked seeing women eat, or to have their company at dinner, from a wish to believe if possible, in their more ethereal nature ... his chief dislike ... arose from the fact of their being helped first, and consequently getting all the wings of the chickens, whilst men had to be content with legs or other parts."<sup>11</sup> He rarely dined with his wife, Annabella, who remarked, "For four or five months before my confinement, he objected unkindly to dine with me, though I was willing to conform to his hours, and once when his dinner was accidentally served at the same table with mine, he desired his dish to be taken into another room."<sup>19 20</sup> Nor did he sit and eat with his devoted mistress, Teresa Guiccioli.<sup>5</sup>

Probably he dined alone to gorge in secret, and then perhaps make himself sick. His sister Augusta wrote, "I am quite convinced that if he would condescend to eat & drink & sleep *like other people* he would feel ye good effects—but you know his way is to fast till he is famished & then *devour* more than his stomach in that *weak* state can bear—& so on."<sup>19</sup> "Stuffed myself with sturgeon, and exceeded in champagne and wine in general, but not to confusion of head. When I *do* dine I gorge like an Arab or a Boa snake; on fish and vegetables, but no meat. I am always better, however, on my tea and biscuit than any other regimens and even *that* sparingly. ... To dine today ... for which I have some appetite, not having tasted food for the preceding forty-eight hours. I wish I could leave off eating altogether."<sup>20</sup>

Byron refused most dinner invitations. "I dare not venture to *dine* with you tomorrow—nor indeed any day this week—for *three* days of dinners during the last seven days—have made me so head-achy and sulky. ... I hope you will not take my *not* dining with you again after so many dinners—ill—but the truth is—that your banquets were too luxurious for my habits."<sup>21</sup> When he did dine with the Blessingtons in 1823 in Genoa he took two helpings of plum pudding à l'Anglaise: "for several months I have been following a most abstemious regime, living almost entirely on vegetables; and now that I see a good dinner, I cannot resist temptation though tomorrow I shall suffer for my gourmandise, as I always do when I indulge in luxuries."<sup>22</sup> "Forgot there was a plum-pudding, (I have added, lately, *eating* to my 'family of vices'). ... Mrs Ingram has promised me a *minced* pie, a dainty I have not seen these seven years."<sup>23</sup>

"Last night I supped with Lewis;—and, as usual, though I neither exceeded in solids nor fluids, have been half dead ever since. My stomach is entirely destroyed by long abstinence. ... That confounded supper at Lewis's has spoiled my digestion and my philanthropy. I have no more charity than a cruet of vinegar. Would I were an ostrich, and dieted on fire-irons,—or any thing that my gizzard could get the better of. ... I am in the most robust health—have been eating and drinking—& fallen upon illfortune. ... I began very early and very violently—and alternate extremes of excess and abstinence have utterly destroyed—oh! unsentimental world!—my stomach—and as Lady Oxford used *seriously* to say a *broken heart* means nothing but *bad digestion*. I am one day in high health—and the next on fire or ice—in short I shall turn *hypochondriacal*—or *dropsical*—whimsical I am already—but don't let me get *tragic* ... *three* days of dinners during the last seven days—have made me so head-achy and sulky—that it will take me a whole Lent to subside again into anything like independence of sensation from the pressure of materialism."<sup>24</sup>

His medical adviser had advised a more nutritious regimen, "but he declared, that if he did, he should get fat and stupid, and that it was only by abstinence that he felt he had the power of exercising his mind. ... When he eats as others do he gets ill, and loses all power over his intellectual faculties."<sup>25</sup> "I have dined regularly today, for the first time since Sunday last—this being Sabbath too. All the rest, tea and dry biscuits—six *per diem*. I wish to God I had not dined now!—It kills me with heaviness, stupor and horrible dreams;—and yet it



George Gordon Byron, 6th Baron Byron, painted in 1813 by Richard Westall

was but a pint of bucellas [a Portugese wine], and fish. Meat I never touch,—nor much vegetable diet. I wish I were in the country, to take exercise,—instead of being obliged to *cool* by abstinence, in lieu of it. I should not so much mind a little accession of flesh,—my bones can well wear it. But the worst is, the devil always came with it,—till I starve him out, and I will *not* be the slave of *my* appetite. If I do err, it shall be my heart, at least, that heralds the way."<sup>26</sup> He feared being dominated by animal appetites "the wear and tear of the vulture passions."<sup>27</sup> Byron knew his sexual excesses came when he was at his fattest. He avoided meat for the curious philosophy one sometimes still hears from patients today that "animal food engenders the appetite of the animal fed upon."<sup>28</sup> Thus he dined alone often with Thomas Moore but ate nothing, just drinking claret. "Moore, don't you find eating beef-steak makes you ferocious? ... I have been fat, & thin (as I am at present) and had a cough & a catarrh & the piles and be damned to them, and I have had pains in my side and left off animal food which has done me some service."<sup>29</sup> For two days he ate only a few biscuits and chewed mastic to appease his appetite, and then after seeing Kean playing Othello he managed three lobsters, half a dozen glasses of brandy, and a bottle of claret.<sup>30</sup>

"I am better than ever—and in importunate health—growing (if not grown) large & ruddy—& congratulated by impertinent persons on my robustious appearance—when I ought to be pale and interesting."<sup>31</sup> He would then boast of intolerable leanness, a meagre outline, "nearly transparent."<sup>32</sup> Yet to Hunt in 1822, "Upon seeing Lord Byron, I hardly knew him, he was grown so fat."<sup>33</sup> Byron's friends confirmed his eating disorder. Trelawny wrote: "Byron had not damaged his body by strong drinks, but his terror of getting fat was so great that he reduced his diet to the point of absolute starvation. He was of that soft, lymphatic temperament which it is almost impossible to keep within



a moderate compass, particularly as in his case his lameness prevented his taking exercise. When he added to his weight; even standing was painful, so he resolved to keep down to eleven stone, or shoot himself. He said everything he swallowed was instantly converted to tallow and deposited on his ribs. He was the only human being I ever met with who had sufficient self-restraint and resolution to resist this proneness to fatten: he did so; and at Genoa, where he was last weighed, he was ten stone and nine pounds, and looked much less. This was not from vanity about his personal appearance, but from a better motive; and as, like Justice Greedy, he was always hungry, his merit was the greater. Occasionally he relaxed his vigilance, when he swelled apace. I remember one of his old friends saying: 'Byron, how well you are looking! ... You are getting fat,' Byron's brow reddened and his eyes flashed—'Do you call getting fat looking well, as if I were a hog?' Byron said he had tried all sorts of experiments to stay his hunger, without adding to his bulk. 'I swelled,' he said, 'at one time to fourteen stone, so I clapped the muzzle on my jaws, and like the hibernating animals, consumed my own fat' ... his brain was always working at high pressure. ... By starving his body Byron kept his brains clear. He would exist on biscuits and soda-water for days together, then, to allay the eternal hunger gnawing at his vitals, he would make up a horrid mess of cold potatoes, rice, fish or greens, deluged in vinegar, and gobble it up like a famished dog."<sup>22</sup>

He took quantities of vinegar to lessen his appetite, dosed himself with Epsom salts, magnesia, and strong laxatives, and always had the highest spirits when he had emptied himself at one or both ends, that is after the purgatives had acted, or he had vomited. He also used tobacco "to take off the pinguify propensities of the appetite."<sup>23</sup> In Athens he had Turkish baths daily and a diet of vinegar, water and rice.<sup>9</sup> He drove himself to excess exercise and perhaps would be classified today as also having exercise bulimia. "I am in tolerable leanness, which I promote by exercise and abstinence."<sup>26</sup> He swam the Hellespont, in imitation of Leander, enjoyed being tossed by the sea for days on end in a boat<sup>6</sup> and his last fatal illness followed being drenched during a long ride in Greece.

### James Joyce's gut

James Joyce,<sup>24–26</sup> perhaps the greatest of the many famous Irish writers, was born in Dublin in 1882. Both he and his father became medical students, his father at Cork from 1867 to 1869: "He was enrolled in the school of medicine for three years ... studied as little as possible, and instead made a big name in sport and dramatics, and by his wild life while a student ... many human lives were saved by his giving up the study of medicine."<sup>24</sup>

Joyce entered medical school in University College Dublin in October 1902. By December he had transferred to the Sorbonne in Paris. ("Of all the wild youths I have ever met he is the wildest."<sup>24</sup>) He came home the following Easter because of the fatal illness of his mother. He could not have spent much time studying medicine, but he did spend his evenings frequenting the doctors' quarters of Dublin hospitals for the social life. Joyce was a close friend of many Dublin medical students, especially Oliver St John



James Joyce, painted in 1935 by Jacques-Emile Blanche

NATIONAL PORTRAIT GALLERY

Gogarty, the Buck Milligan of Ulysses, physician, journalist, senator, and poet—but bizarrely fated to be best known anonymously as the author of a limerick:

There was a young man of St John's  
Who wanted to bugger the swans  
Oh no! said the porter  
Oblige with my daughter  
For the swans are reserved for the dons.

Joyce had a profound knowledge of human disease, and diseases and doctors and hospitals are continually referred to in his *Portrait of the Artist as a Young Man*, in *Dubliners*, and in *Ulysses*. He met his wife to be, Nora Barnacle, on 16 June 1904—the famous Bloomsday.

I shall ignore his urethritis, arthritis, intestinal disorder, and recurrent iridocyclitis, recently attributed to Reiter's syndrome.<sup>25</sup> From the age of 21, however, Joyce had bouts of epigastric hunger pain. These began when he was a penniless student in Paris, when he might pass 20, or once 42, hours without food while waiting for a money order to come from Dublin. He used to vomit on waking, and this continued after his marriage to Nora. Joyce blamed his own psyche—for example, "two days of severe gastrical disarrangement" if his brother did not write; and "trouble and bustle always finds its way into the bosom of my stomach." He was better when he feasted (box).<sup>24</sup>

#### James Joyce, feasting—Rome 1907

10.30 am	Ham, bread and butter, coffee
1.30 pm	Soup, roast lamb, potatoes, bread, wine
4.00 pm	Beef-stew, bread, wine
6.00 pm	Roast veal, bread, gorgonzola cheese
8.30 pm	Roast veal, bread, grapes with vermouth
9.30 pm	Veal cutlets, bread, salad, grapes, wine

His friends with similar symptoms told him that he had an ulcer, but his French doctors made other diagnoses. In 1928 it was inflammation of the intestine. In 1933, after a night of acute soreness of all his inside, leaving him helpless and strengthless, he was seen by Dr Debray's assistant, Dr Fontaine. She had a particular interest in contemporary literature in English and looked after other expatriate authors such as Ernest Hemingway and Samuel Beckett. Dr Fontaine discounted the diagnosis of colitis and attributed the spasms to a "disequilibrium of the system of the sympathetic nerve with the focus of the dislocation in the epigastric part of the stomach": she advised absolute and complete calm.

Joyce was then well for some months, but the pains returned with a loss of 7 kg in weight. The pains lasted up to eight hours and were attributed by Dr Debray to "nerves" from his worries over so many years; Debray treated him with laudanum compresses. His friends and family still considered that he had a peptic ulcer, which made Debray even crosser—"une interpretation trop facile." In 1934 Jung described Joyce's "psychological style" as "definitely schizophrenic."<sup>24</sup>

He continued to be ill over the next four years, with similar symptoms. In 1939, with constant stomach cramps and indigestion, he was described as abnormally pale. In 1940 he and his family fled Paris from the Germans; on arrival in Switzerland he was described as so undernourished as to look like an angular figure in a Picasso drawing.

At 4 am on Friday 10 January 1941 at his home in Zurich, he was woken by severe abdominal pain. His usual doctor was away and another came, made no diagnosis, and gave an injection of morphine. Joyce did not improve and in the evening was seen by the surgeon Heinrich Freysz, who had studied in Lausanne, Munich, and Zurich under Kocher, Krönlein, and Sauerbruch (who had dismissed him) and then worked in Strasbourg, Berne, Geneva, and Vallence before returning to Zurich.

Freysz found Joyce with a rapid pulse and a tender distended abdomen, but without rebound tenderness, presumably because of the morphia. Joyce was admitted to the Schwesterhaus vom Roten Kreuz, where the next morning gastric aspiration gave positive results on a benzidine test and x ray films showed air below the diaphragm. It was 32 hours after the perforation when, at midday on Saturday 11 January, Freysz opened the abdomen under local anaesthesia and found and sutured a 2 mm perforated indurated duodenal ulcer near the pylorus, and then covered it with a patch of omentum. Joyce was given intravenous fluids but later that afternoon collapsed from an internal haemorrhage.

Blood donors were summoned, and Joyce thought it a good omen that one of them came from Neuchâtel because of Joyce's liking of the wine of that area; indeed, he had drunk a considerable amount of it the evening before the ulcer perforated. The transfusion was given by William Löffler (famous for Löffler's syndrome), later director of the medical clinic and polyclinic of Zurich University. Paralytic ileus developed, and at 1 am on 13 January Joyce asked the nurses for his wife and son before he died. "Lonely in me loneliness. For all their faults. I'm passing out. O bitter ending. I'll slip away before they're up."<sup>24</sup>

The necropsy showed enormously dilated loops of intestine with a fibrinous exudative peritonitis. Freysz's patchwork on the perforated ulcer was intact, but there was a second shallow ulcer containing blood clots in the duodenum. The pancreas had a rag-like consistency; perhaps alcoholic pancreatitis? William Osler once boasted that any patient admitted to his service at Johns Hopkins was guaranteed thrice over: a careful history, a thorough physical examination, and a scrupulous postmortem examination. But Osler did not live in Switzerland, where there is a fourth dimension: the bill (300 Swiss francs—£20 in 1941).

## Melba's men and meals

My third course, the dessert, must be Dame Nellie Melba, who was born Helen Mitchell in Melbourne, Australia, in 1861.<sup>27-30</sup> She was determined to be a singer and trained as such. In 1882, however, when she was 21, she met the first of the many men in her life on a visit to Queensland: Charles Nesbitt Armstrong, the youngest son of an English baronet. She married him but was soon unhappy with him and with both the cultural desert of Queensland and its tropical climate, which made mouldy her clothes, music, and piano. In 1884 she had a son, but she left her husband two months later.

Her father took her to Europe, where she studied with Mathilde Marchesi in Paris before her debuts, in Brussels in 1887 and the next year in Covent Garden, where she sang almost every season until she retired in 1926. She had a wide repertoire, and she sang frequently at the Metropolitan Opera in New York, where in 1896 she had her only failure as Wagner's Brünnhilde.



Dame Nellie Melba, photographed by Baron Adolf de Meyer in 1926

NATIONAL PORTRAIT GALLERY



Escoffier, Savoy chef

THE SAVOY GROUP

In spite of, or because of, her frugal Scottish-Australian background, Melba loved luxury and good food. In London she always stayed at the newly opened Savoy Hotel, for which D'Oyly Carte had hired Ritz as manager.<sup>30</sup> The first reference to her eponymous peach is at a bizarre lunch party. The earliest peaches of the year had just arrived and were thought precious and costly—whereas in her garden in Melbourne peaches had grown as profusely as blackberries. Her host picked up a peach and threw it at the occupants of the benches in the public gardens below; then Melba and all the other diners joined in this riotous behaviour.

The chef at the Savoy was Escoffier, who had worked for Emperor Napoleon III and for the Kaiser, who had entitled him the Emperor of Cooks. Escoffier was the son of a blacksmith and he was 14 before he could read or write, and he never mastered more than a few words of English. He explained that if he spoke English he might also learn to cook like an Englishman. He had two nightmares, the English and the Americans: the English because they gorged tea and cakes, ruining their palates for his divine dinners; the Americans because they ruined their palates by drinking cocktails before, and iced water with, his dinners. Like Byron, Escoffier dined alone, on no more than vegetable soup, and rice, followed by fruit.

In 1890 Melba, aged 31, met the second and last great love of her life, a mésalliance destined to be one of the royal love scandals of the 1890s. Louis Philippe Robert, 14th Duke of Orléans, was the eldest son and heir of the Comte de Paris, the Bourbon Pretender to the throne of republican France. He was eight years younger than Melba, lean, handsome, 6' 2" (188 cm), highly educated, and an entertaining companion. He had been educated at the Royal Military College, Sandhurst, and then spent a year with a British regiment in India. The Bourbon family had been exiled from France in 1886, but the duke went back to Paris demanding as a Frenchman to do his military service. He was arrested and sentenced to two years in jail. Released after a few months, he returned to England and fell in love with Melba.

He followed her to St Petersburg, where she sang Juliette. At the end he of course applauded, which was against court etiquette: no one must applaud before the Tsar. Melba's duke was promptly expelled from Russia. Melba and the duke lived and travelled together throughout her performances at the opera houses of Europe. To achieve his ambition to return to France, however briefly, Melba "hired a carriage, dressed him in livery, and made him act as her coachman." They crossed the frontier from Germany, "lunched in France and returned without the slightest contretemps."<sup>27</sup>

Disaster struck. The affair reached the newspapers, and eventually the Australian papers reprinted the scandal. Melba's husband sued for divorce and cited the duke. To avoid the process servers the Duke moved around Europe, but eventually they caught up with him in Vienna. Heavy political pressure was applied, from French official quarters and probably through British diplomatic channels, and the divorce action was dropped in October 1892. Nevertheless the affair was doomed. The duke could not marry Melba: she was a

commoner. Moreover, she was a Protestant, and he was Catholic. And she was already married.

Melba had one last attempt to keep her duke. At Covent Garden in 1894 she sang Else in Wagner's *Lohengrin*, with Jean de Reszke as the swan prince. The next evening she gave an intimate supper for the duke and asked Escoffier for pêches flambées. Escoffier was determined to excel even himself on such a critical evening and wheeled in as dessert a swan carved out of ice in tribute to Lohengrin. Escoffier had made a nest of spun sugar and strawberry leaves with a superb peach resting on a vanilla flavoured ice, coated lightly with raspberry jam.

Thus Pêches Melba was created. Alas, the Duke submitted to family pressure, deserted Melba, and was sent off to Africa on safari for two years to forget her, after which he agreed to marry a Hungarian archduchess. Nevertheless France is still a republic. Escoffier also created Poires Melba and Fraises Melba, but they are not remembered.

Then Melba, like so many opera singers, went to seed and put on much weight. She developed erratic eating habits, gorging and fasting on alternate days. Again Escoffier was called to the rescue. For her to lose weight, he created the crisp austerity of the thin Melba toast, and at one stroke he doubled Melba's gastronomic immortality.

## Envoi

Today's doctors, and indeed any British or American gastroenterologist in the 1930s or 1940s, would have diagnosed and treated James Joyce's chronic duodenal ulcer. We have all struggled with patients with anorexia or bulimia, or both. A good read is Byron's fantastic *Don Juan*, with its clear associations of sexual and gastric preoccupations. The next time you gorge or diet, think of Byron, James Joyce, and Melba and then recall the refrain of every waiter in New York: "Enjoy your meal!"

I am grateful to Wilma Paterson for allowing me to explore further her studies of Byron's eating disorder. Details of the references to Byron's letters may be obtained from the author.

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## Commentary: Ambivalence toward fatness and its origins

Arthur Crisp

At this distance the diagnoses cannot be absolutely certain, despite the extraordinary details Hugh Baron has so splendidly mustered. Anorexia nervosa is supposed to be a modern disease. I believe it has been around for a long time, probably ever since postpubescent humans were capable of contemplating their newly awakened adult destiny, experiencing it as unwelcome and linked to their recent growth. One response, then as now, might have been, through the mechanism of reversal of that growth, to eliminate the related burgeoning panic stemming from a sense of imminent alienation, disgrace, or longer term danger and decay. Then again, the condition is rare indeed in males, though one of Morton's two original case descriptions, which are almost certainly of what today we would call anorexia nervosa, was in a male subject.<sup>1</sup>

Byron undoubtedly had a persistent severe eating disorder. Moreover, it was clearly powerfully driven and maintained by his fear of fatness and self loathing in this respect.

There is a devastating family history of severe psychiatric morbidity; he was obese as a child; seems to have been physically, socially, and sexually abused in childhood; was bisexually promiscuous in adolescence—all these are common, recognisable antecedents of the severe end of the spectrum of eating disorders.

His repugnance of his obesity at the age of 18 (body mass index around 30) probably led to his first major weight loss through his electively restricted food intake, excessive exercise, and dehydrating strategies at that time. The lowest reported body mass index in the article is about 19; not quite low enough for a textbook diagnosis of anorexia nervosa. Also unusual is his awareness of and acknowledgement that he was so thin. Perhaps this was the burning insight and necessary honesty of a great poet. More typically, so far as anorexia nervosa is concerned, it is apparent that he relished his extreme thinness. Moreover, as this report indicates, he probably lost yet more weight at times thereafter. I think, therefore, that he is very likely to have had full blown anorexia nervosa then and at subsequent intervals. However, it is noteworthy that he seems to have sired children, an impossibility with concurrent anorexia nervosa. His paternity of various offspring seems beyond reasonable doubt. Perhaps dehydration contributed importantly at times to his lowest recorded body weights; lean body mass would

then have been relatively greater than was apparent, as also would have been his reproductive potential.

Probably prompted by his underlying impulse-ridden nature and tendency to obesity, as well as in reaction to his starvation, he also seems to have binged hugely at times. At such times he attempted to defend against consequent massive and doubtless terrifying weight gain due to the high dietary calorie loads and associated fluid retention, by the variety of strategies by then at his disposal. These included reported recurrent severe vomiting. Nevertheless, there were also times when he was obviously overweight during this second half of his life.

His disgust with his fatness equates, in his own mind, with his licentiousness and his intense ambivalence towards it and its origins. I would attribute the foundation of his eating disorders to this biological and psychopathological link.

The case for anorexia nervosa during (long) periods within the second half of Byron's life is strong. He sought the ascetic ideal and achieved it at times only through his anorexia nervosa. Then he found himself free from the distractions of his "baser" impulses and the related social life and able instead to foster and express his intellectual and poetic self. At other times he considered himself corrupted, when losing control over his food intake and suffering some slight or greater weight gain. His fear was not just of obesity but of any weight gain at all. Self disgust and despair erupted at such times. When up to or above normal weight, but with his continued bingeing and purging, he would nowadays be diagnosed as having "bulimia nervosa." Poor Byron, to be reduced to our labelling.

It is typical of public attitudes to the eating disorders that Byron's own eating disorders—which reflected his most basic flaw in personal adolescent development, and which underwrote most of his daily concern, distress, and behaviour thereafter—are once again largely ignored in the latest biography.<sup>2</sup>

Baron has given a vivid 18th century account almost certainly of both anorexia nervosa and bulimia nervosa, and in a male. This is also the story of a renowned and desperate poet—and reveals the kind of price that sometimes must be paid for such creativity.

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A scene from  
Byron's *Don Juan*

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# How Renoir coped with rheumatoid arthritis

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continued over

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*Out of doom and misery, the most beautiful song may rise*<sup>1</sup>

Few people know that Pierre-Auguste Renoir, who lived from 1841 to 1919, suffered from severe rheumatoid arthritis for the last 25 years of his life. At the 13th European congress of rheumatology in Amsterdam in 1995 Mr Paul Renoir, the artist's 70 year old grandson, revealed several previously unpublished aspects of his grandfather's disease.

## Disease and evolution

There is little doubt that Renoir suffered from rheumatoid arthritis, but there is still some discussion about the precise year the arthritis started.<sup>2</sup> It must have been around 1892, when Renoir was about 50 and in the prime of life. He was married to Aline Charigot, and two of his three sons had already been born. He was recognised as an established painter, having had exhibitions not only in Paris and other places in France but also in Brussels, London, Boston, and New York.

He was active and hardworking, painting and making study tours to Algiers, Italy, Germany, and Spain.

## Summary points

Pierre-Auguste Renoir, one of the great French impressionist painters, suffered from severe rheumatoid arthritis

In June 1995, at the 13th European congress of rheumatology, his grandson Paul Renoir revealed how his grandfather coped with the disease

Renoir applied modern principles of physiotherapy and psychotherapy long before these terms entered the vocabulary of rheumatologists

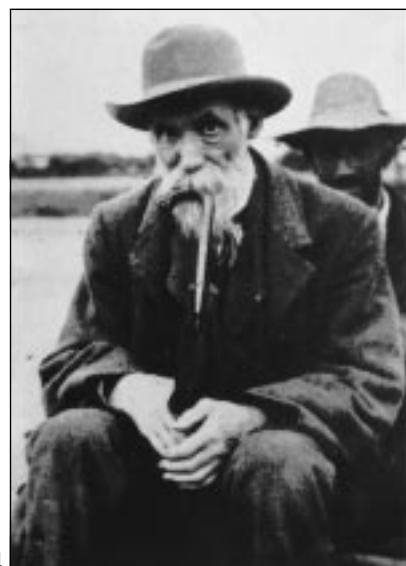
His friends included the painters Manet, Sisley, and Cézanne and the writers Zola and de Montpassant.

Although no medical records remain, it is possible, thanks to photographs, his personal letters, and biographical notes by people who knew him well to get a reasonable idea about the course of his disease. The arthritis started around the age of 50, took on an aggressive form from 1903 onwards, when he was about 60, and made him quite handicapped from the age of 70 for the last seven years of his life.

In a photograph of 1896, when he was 55, the swelling of the metacarpophalangeal joints can be clearly seen (fig 1). Five years later, in 1901, when he was 60, he could still use his hands fully as witnessed in the way he holds his pipe (fig 2). Then the arthritis became more aggressive, and in the photograph of 1903 (fig 3), at the age of 62, we see the dramatic change where he tries to hold his inseparable cigarette in his deformed hands. The aggressive nature of the disease resulted in the destruction and ankylosis of his right shoulder and ruptures of several extensor tendons of fingers and wrists, leading to poor hand function, as shown in the picture of his hands of 1912 (fig 4), when he was 71. Despite these deformed hands, he continued to roll his cigarettes and, according to his grandson, produced more than 400 paintings.

A comparable series of pictures illustrates how the disease affected his feet and legs. In 1901, at the age of 60, when his youngest son, Claude ("Coco"), was born, he used one walking stick (fig 5). In 1908 when it became difficult to walk with one cane he had to use two (fig 6). In 1912, at the age of 71, a stroke was reported, which partially paralysed his arms and legs. It is more likely that the paralysis was due to rheumatoid arthritis, affecting the cervical spine. From then on he could not walk anymore and he was confined to a wheelchair. A photograph shows him sitting in his studio next to the canvases and his model, Catherine Hessling ("Dédée"), who lived with the Renoir family and later became his daughter in law (fig 7).

He had to stop travelling abroad, but continued to make frequent trips in France, driven by his loyal chauffeur, Batistin. However, the deformities of the feet



**Fig 1** Renoir during a boat tour on the Seine near Chatou in 1896. Swelling of the metacarpophalangeal and proximal interphalangeal joints can be seen. **Fig 2** In 1901 Renoir could still use his hands normally, as can be seen in the way he holds his pipe. **Fig 3** This photograph taken in 1903 shows the dramatic progression of the deformities in Renoir's hands. **Fig 4** With these deformed hands Renoir continued to roll his own cigarettes and completed more than 400 works of art. The bandages served to absorb the sweat to prevent maceration



increased and he was soon unable to wear shoes. His feet had to be wrapped in woollen slippers (fig 8). He developed fixed flexions of his knees two years before his death. But this did not prevent him from visiting the Louvre in a sedan chair to see a private exhibition some months before he died (fig 9).

There is evidence that the rheumatoid arthritis affected not only his joints. At the beginning of the disease a pleuritis is reported and later a facial palsy, which was treated with electrotherapy. From 1904 onwards, at the age of 63, he began to lose weight because of rheumatoid cachexia (fig 10). He reports this quite cynically in a letter: "I can't stay seated because I'm so thin. Forty six kilos, that can't be called fat. My bones are sticking through my skin and this despite a good appetite."<sup>3</sup> Renoir's rheumatoid arthritis was nodulous and the nodules on his back became particularly troublesome after 1912, the year he became wheelchair bound. These nodules were removed by Dr Prat, a surgeon at the Belvédère Hospital in Nice. In 1918 gangrene of his foot was described. Despite good care, he also developed bedsores. Finally, in 1919, on his return from Paris to his house in the south of France, he caught pneumonia and died on 3 December, having spent several hours painting that evening on a still life of apples in a basket that his youngest son, Coco, had brought him.

## Treatment

In the early years of the disease Renoir was treated by his two family doctors—Dr Baudot at Essoye in the Aube region, where he had a studio, and Dr Journeac, his doctor in Montmartre. They prescribed purges and antipyrine. He followed their advice but limited the use of antipyrine because he was frightened that it would influence his artistic creativity. He relied more on physical exercise to remain in good condition and to keep the optimal use of his hands and arms. A quotation from the bibliography written by Renoir's second son, Jean (the film director), illustrates this: "He had no great faith in the benefit of walking which brought into play only certain muscles. He believed much more in ball-games and began juggling every morning 10 minutes before going to his studio."<sup>4</sup>

His grandson told us that the wooden sticks he used for juggling were made according to the master's instructions by his Paris coal merchant. He also liked playing billiards because this obliged him to adopt all sorts of awkward postures. He used to play with his wife, Aline, who became the better player and beat him repeatedly. Another game to exercise his arms was bilbouquet. This difficult French ball game involves a wooden ball with a hole in it, weighing between 500 g and 3 kg. The player has to throw the ball and then to try to catch it on a wooden stick via the hole.

To experience the benefits of warmth and physical exercise he visited French spas such as Vichy, Bourbonne-les-Bains, and Aix-les-Bains four or five times between 1899 and 1914. He used to move there for several months along with his entire family, his staff, and even his piano and parrot. His hope for some cure is expressed in a letter of 1903 to one of his friends: "I've the impression I have come to the right place, a lot of people here seem well satisfied with the waters."<sup>3</sup>

When the disease deteriorated he agreed that warmth was beneficial and gave some pain relief. For that reason he spent more and more time in the south of France. At first there were family holidays with the Manets and Cézannes. Later, he and his wife bought a big estate in Cagnes-sur-Mer, near Nice. One of his reasons for buying the estate was to save several 1000 year old olive trees that were threatened with being cut down. He built a house, "Les Colettes," and a studio, and in 1908 the family moved to Cagnes-sur-Mer.

But even in the hot Mediterranean climate, Renoir wanted to be dressed warmly (fig 8). This is described by one of his best friends: "He wears no special painter's garb. He sits in his armchair, his spindly legs crossed, his poor feet wrapped in woollen slippers, his body covered in shawls and his pale fine head muffled to the ears in a cap or white linen hat according to the

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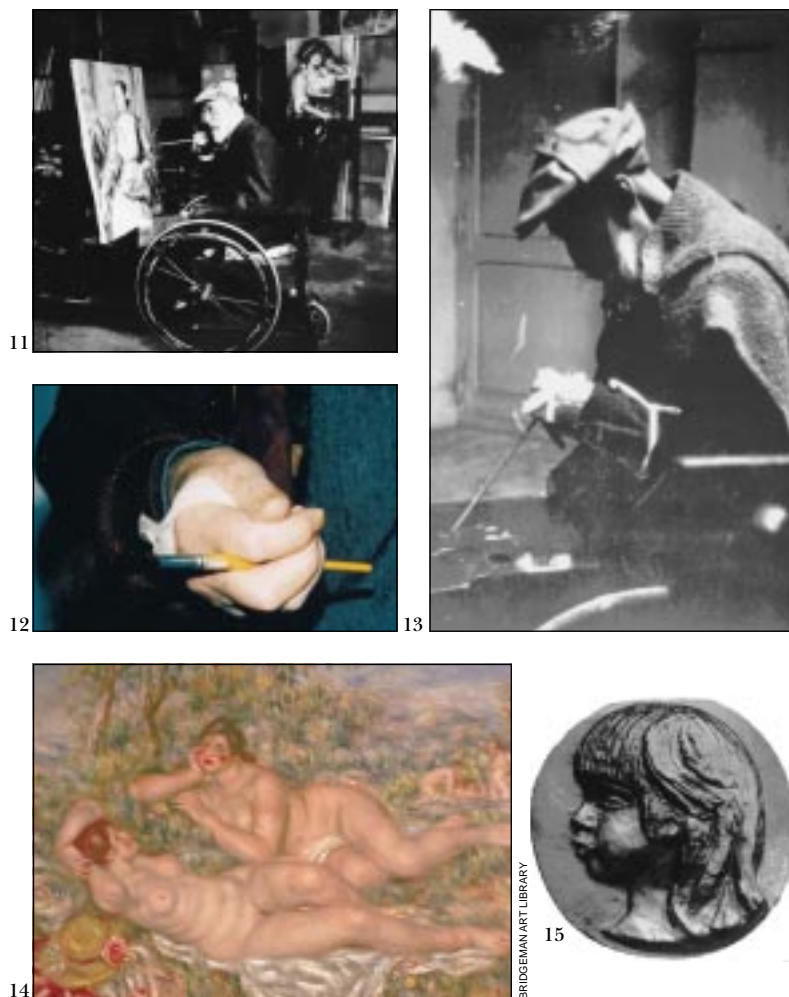
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**Fig 5** In 1901, when his youngest son was born, Renoir already had to use a walking cane. **Fig 6** In 1908 Renoir had to use two walking canes, under which he had attached rubber stops to prevent them from slipping. **Fig 7** From 1912 onwards Renoir became wheelchair bound. In this photograph he is sitting next to his canvasses and his model Dédée (*Blonde à la Rose* 1915). **Fig 8** Renoir had to have his poor feet wrapped in woollen slippers (Cagnes-sur-Mer, 1915-6). **Fig 9** Renoir was carried in his sedan chair by his friends or staff to places that were difficult to reach in a wheelchair (garden in Cagnes-sur-Mer, 1917). **Fig 10** Renoir in 1915, when rheumatoid cachexia was clearly visible



**Fig 11** Renoir had to adapt his painting technique continuously; the brushes had to be fixed in his hands by his wife or model and he couldn't hold his palette, so he let it balance on his knees and the edge of the easel. His wheelchair was already of modern design, and he filled the back with cushions to prevent the development of bedsores. **Fig 12** Renoir's grandson Paul shows how Renoir held his brush when his hands were severely deformed by arthritis. **Fig 13** With some imagination you can see the master moving his whole body to overcome the limited movement of his arm due to ankylosis of his shoulder. **Fig 14** *Les Grandes Baigneuses*. This painting, measuring 160 cm by 110 cm, was painted in 1918 and 1919 on the picture roll. **Fig 15** Inspired by the sculptor Maillol, Renoir made some bronzes, such as this medallion of his youngest son, Coco, dated 1908

season.”<sup>5</sup> Also, to share their warmth, he often nursed one of the many cats that lived around the house. Occasionally, the Institut Pasteur in Paris, checking the authenticity of Renoir's paintings, has found cats' hairs in the paint. This helps to date the paintings. His family doctor at this time was Dr Gachet. He was an art connoisseur and is well known from the portrait by Van Gogh, who was also one of his patients.

### Influence on style and technique of painting

There has been discussion among experts about whether the disease had an influence on Renoir's painting.<sup>6</sup> There is certainly a change in style around 1880. That year Renoir travelled to Italy and, influenced by the classic Italian Renaissance painters, he had a so called artistic crisis. For a time his style became more harsh and the colours he used were more vivid. However, this was several years before his arthritis started.

Of course, the progressive deformities of his hands and the ankylosis of his shoulder obliged him to adapt his painting technique continuously. Photographs and testimonies help us to reconstitute how he painted. When it became difficult to hold his palette in his hand he first let it balance on his knees and the edge of the easel. Later, he asked for it to be fixed, like a rotating table on the arm of his wheelchair (fig 11).

As time passed, he found it increasingly difficult to pick up and hold the brushes. His wife, son, or model had to fix the brush in his deformed hands. In figure 12 his grandson shows how he finally held the brush, wedged in the first metacarpal space. The bandages did not serve to fix the brush but to absorb the sweat of the palms of his hands to prevent maceration and possible infection. He obviously changed his brush less often than before and became slower in painting. This might also explain why he used a progressively shorter brushstroke and started to paint dry on dry instead of wet on wet. Still, he always continued to paint starting with a touch of white, then adding and mixing the other colours afterwards. Throughout his life he used the same 11 colours, only later adding black.

The ankylosis of his right shoulder limited him to painting only small areas of about 30 cm by 30 cm. To reach a bigger area he moved his whole body, and with some imagination this can be seen in figure 13. Renoir was ambidextrous and twice, after breaking his arm, he made use of this ability. Even art specialists cannot notice the difference in his paintings.

Renoir's invention of the moving canvas or picture roll was important for his painting technique; it replaced his easel. The linen was fixed on wooden slats,



*On the Terrace* 1878. Renoir revealed the happy side of life in his images. "For me a picture must be an amiable thing, joyous and pretty—yes, pretty! There are enough troublesome things in life without inventing others." Marcel Proust said: "Women who go by in the streets are different from their predecessors—now they are Renoirs"



which could turn around two spindles linked by the chain of his old bicycle and driven by a crank to move the canvas up and down. Unfortunately, no pictures exist of this special easel. The picture roll allowed him to continue to paint large works and *Les Grandes Baigneuses* is one of the works painted in this way (fig 14). It measures 160 cm by 110 cm and was painted in 1918 and 1919, when his hands were severely deformed and the mobility of his right shoulder was restricted. On some paintings of this period the traces of the bars can be seen.

It might seem surprising that Renoir started sculpting during the last 12 years of his life. He was inspired by the sculptor Maillol, who at that time made a bust of Renoir because the painter was appointed *chevalier d'honneur*. Renoir made a bust and later a medallion (fig 15) of the head of his youngest son, Coco. The medallion served as a decoration for the fireplace in their new house "Les Collettes." A reproduction of the medallion is available from the Renoir family, who are pleased to give information about it. He made other bronzes in cooperation with Guino, Maillol's pupil, who served as the executor of Renoir's ideas.

## Other devices

Renoir used his creativity not only to be able to continue painting but also to let him function as normally as possible in his personal life. In his daily life he adapted other tools—for example, his walking sticks. He started using them in 1901, when he had difficulty walking. He attached rubbers under them to prevent him from slipping. In 1912, the year he became



16



17



18

**Fig 16** When Renoir woke at night because of pain, he asked for painting materials and made small paintings on wood. Painting helped him to endure and forget his pain. **Fig 17** Henri Matisse, Albert André, Pierre Renoir (the eldest son), and Malec André around Renoir at New Year 1919. **Fig 18** Aline was more than a wife: she devoted her life to him. After her death, Coco, their youngest son, took her place as much as possible

paralysed, he bought a wheelchair in Nice and later on two others to use in Paris. They were modern in design (fig 11). He filled them with cushions to protect his bones and to prevent the development of more bedsores. He also had a sedan chair, in which he was carried in places inaccessible to wheelchairs (fig 9).

## Coping

When looking at Renoir's paintings it is easy to forget that he suffered a great deal. Not only did he have to put up with the pain, progressive disability, and periods of depression but his two eldest sons were injured in the first world war, and his wife, Aline, died in 1915.

Painting was almost a physical need and sometimes a cure, as if Renoir wanted to create on the canvas those things which he had to miss in real life because of his disability. Even when he woke at night crying in pain, he asked for some painting material and started to make small paintings on wood (fig 16). The beauty of nature and women constantly inspired him, and music played an important part in his life. As a small boy, in his Paris school, he had singing and piano classes from Charles Gounod, who suggested that he should follow a musical career. But even at the age of 12 the young Renoir had developed an interest in painting and turned down the offer, though he kept his love for music. He was always singing or humming tunes from operas while painting, and his piano always moved with him. The Renoirs moved 53 times in Paris alone.

His happy and fruitful life would have been impossible without the continuous support and motivation of his friends, the models, his staff, and his family. His



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*Blonde à la Rose* 1915. Andrée Madelaine Heuschling (also called Catherine Hessling or Dédée), an actress from Alsace, was Renoir's model for more than 100 paintings (see also fig 7). She was found by Aline, Renoir's wife, in a photographer's shop in Nice after they had been searching for several years for a model with such beauty. Dédée married Renoir's son Jean, the film director, in 1920



most dedicated friends were the Cézannes, Albert André, and some of the art dealers of the time. They visited him frequently and brought interesting people with them such as Rodin and Matisse, who visited Cagnes-sur-Mer a couple of times (fig 17). His cook and his chauffeur were devoted to him. The cook carried him in her arms around the house or garden, and his chauffeur drove him everywhere until the last months of his life, stopping at all the places that Renoir wanted to admire and paint.

Without doubt Aline, his wife, was the most important person in his life (fig 18). She devoted her life to him, making sure that he had no worries about the household and that he was always surrounded by friends. The visitors and models were welcomed with open arms, and Aline's excellent cooking and choice of good wine were well known. Her death in 1915 was a great loss to him. From that time on, his youngest son,

Coco, who was only 14, took over his father's care in the evening after the staff had left (fig 18). Renoir was completely dependent on him and made sure a teacher came to the house so that he could see his son as much as possible. He took great pleasure in teaching him ceramics in a specially built studio.

We acknowledge the help from Paul Renoir and his wife, Marie-Paul Renoir, who spent many hours talking with AB and lent us the family's photograph albums.

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## La salle de garde: bastion of the French lunch hour for junior doctors

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The Parisian teaching hospitals are guardians of a number of proud traditions, including (predictably) catering arrangements for *internes*, or junior doctors, at lunchtime. *La salle de garde*, originally conceived in the mid-19th century to provide a convivial, mess-like facility for all doctors resident in the hospital, now functions as the junior doctors' dining room, where central funds finance a simple, sustaining midday meal. Originally a bachelors' preserve, each *salle* retained a refined ambience (albeit male oriented), being finely decorated in the style of *la belle époque* (around 1900). Nowadays, despite the advent of sexual equality, the prevailing atmosphere is somewhat akin to that of a rugby club late on a Saturday night. Artistic frescos have been replaced by lurid, semipornographic murals, which are updated regularly by students at the Ecole des Beaux Arts in Paris to depict current members in various states of undress. Nevertheless, despite the passage of time, certain original rituals remain.

### Daily rituals

*Internes* arrive from half past 12 onwards, and after ceremonially greeting everyone present with a tap on the

shoulder take their place at table in a strictly appointed order. Proceedings are overseen by the elected *interne économe*, whose duties include the preservation of tradition and maintenance of house rules. Lunch is not served until he (the honour is nearly always given to a man, usually a surgeon, most commonly an orthopaedic surgeon) is seated at high table at one o'clock sharp, and house rules apply until his coffee is served, usually a good hour later. His decisions are final: nobody may leave without his permission, even to answer bleeps, which sound remarkably infrequently (lunchtime is sacred in France). Communication with kitchen staff is also through his table. Offences are punishable by a forfeit determined by the spin of a wheel high on the wall behind him and range from singing a drinking song to buying a round of red wine for everyone. On more ribald occasions offenders may be asked to partially strip or to kiss their neighbour.

Dismissal or (more commonly) dousing with a bucketful of cold water or kitchen leftovers is the punishment for failing to comply.

White coats are mandatory, although external badges of office and protruding medical paraphernalia are frowned on. Medical discussion is forbidden, but conversation buzzes (reassuringly), interspecialty referrals being made in code. The suitability of topics under discussion is judged by the head cook. The term of address is always the familiar *tu*, not the more formal *vous*, and medical hierarchy is abolished. Tables are covered with aging discarded hospital sheets—which function as tableclothes, hand towels, and serviettes—and are bestrewn with bottled beer, mineral water, and the occasional pitcher of earthy red wine. Vast platters of wholesome food pass from table to table in strict order. Typically, a salad based hors d'oeuvres is followed by meat in a cream sauce (perhaps steak, though more usually chicken or minced beef) and a



COLLECTION DE SALLE DE GARDE COCHIN



COLLECTION SALLE DE GARDE COCHIN

large cheeseboard (served before dessert, naturally), with bowls of fresh fruit and yoghurt to finish. At the weekly *amelioré*, organised by the *économe*, subscriptions augment the quality and quantity of food, are given as gratuities to the kitchen staff, and occasionally pay for entertainment—a musician, comedian, or stripper. Performances are usually risqué, accompanied by noisy interjections, audience participation, and a cacophony of appreciative plate banging (clapping is forbidden).

At two o'clock, after the *économe* leaves, everyone dons their bleeps and enters the world of the hospital again, mentally and physically refreshed for an afternoon's work.

## Other rituals

Twice each year, in May and November, the rotation of jobs is celebrated with a raucous all night party, *le tonus*. Partners are forbidden, and the evening takes the form of a prolonged dinner with copious quantities of red wine and an accompaniment of drinking songs and games traditional to the *salle de garde*. Dinner is followed by more songs and jokes, medical sketches with a broadly medical or sexual theme, or both, and a series of speeches by senior members ridiculing the *économe* and senior hospital staff. Unsurprisingly, proceedings often get out of hand, culminating in food fights and mischief around the hospital complex.

Another highlight in the calendar is *l'enterrement* (literally burial), held to mark the promotion of a member to *chef de clinique* (senior registrar or experienced specialist registrar). During an extended *tonus* humorous speeches of tribute (and otherwise) are made about the new incumbent, recalling misdemeanours and narrow escapes during his (or her) four to five years as an *interne*. Departure to another life is symbol-



COCHIN PHARMACIE (1994)

ised by a drunken funeral procession (complete with coffin containing the promoted *interne*) through the hospital at around 3 am in full view of patients—scenes difficult to imagine elsewhere.

A sad (yet familiar) footnote: the future of the *salle de garde* is under threat from hospital managers, who consider it an unaffordable luxury.

The pictures are taken from pp 78 and 79 of *La Salle de Garde ou Le Plaisir des Dieux, Tome 2* by Patrick Balloul, which was first published in 1994 in Paris by Publications Patrick Balloul (ISBN 2-9508738-0-4).

## The hidden delight of psoriasis

Frans Meulenberg

In John Updike's novel *The Centaur* young Peter Caldwell has psoriasis.<sup>1</sup> He is not sure whether to tell his girlfriend, but he is also aware of the power that the disease can involve, when he wonders: "Should he tell her? Would it, by making her share the shame, wed them inextricably; make her, by bondage of pity, his slave? Can he, so young, afford a slave?" And he does not conceal the fact that the disease also gives him pleasure. "The delight of feeling a large flake yield and part from the body under the insistence of a fingernail must be experienced to be forgiven."

The visibility of psoriasis appeals to the imagination, perhaps because of the chronic, variable, and unpredictable nature of the disease, and has even led to literary language in the medical literature.<sup>2</sup> For example, Ingram describes the plaques and colourful configurations as patterns that "may rival the heavens for beauty and design," to which he adds with a sense of drama: "To leave a trail of silver scale about the house and blood-stains on the sheets and to fear the public gaze—this is a cruel fate."<sup>3</sup>

The psychosocial dimensions of skin disorders like psoriasis have been described in the medical literature.<sup>4,7</sup> But psoriasis has also been a theme in non-medical literature—autobiographies as well as fiction. Novelist Connie Palmen pointed out in *The Laws* that psoriasis seems to be "a perfectly visible, exterior, unhidden disease, but it is precisely the disease of the one who hides."<sup>8</sup>

## Autobiographical prose

John Updike devoted the chapter "At war with my skin" to psoriasis in *Self-consciousness*.<sup>9</sup> He argues that psoriasis keeps you thinking: "Strategies of concealment ramify, and self-examination is endless." The patient constantly invents new ways of hiding the symptoms.

After an attack of measles in 1938 psoriasis paraded "in all its flaming scabbiness from head to toe."<sup>10</sup> Disease is too strong a word in his opinion, as psoriasis is neither contagious nor painful, nor does it

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John Updike

weaken the body. However, the disorder does isolate the patient from the “happy herds of the healthy.”

Updike was lucky. By now treatment with psoralens and ultraviolet A (PUVA) had been developed. “It is pleasant, once or twice a week, to stand nearly naked in a kind of glowing telephone booth.” As a child he never got used to psoriasis because it came and went. At the time when Updike was working on his autobiography, he had been accustomed to psoriasis for 50 years, and he had come to understand that the war with his skin was solely a matter of self consciousness, self esteem, of accepting himself. Of even more importance is this statement: “What was my creativity, my relentless need to produce, but a parody of my skin’s embarrassing overproduction?”

Vladimir Nabokov concealed his psoriasis. For example, in the collection of interviews with Nabokov the term psoriasis is never used.<sup>11</sup> In February 1937 Nabokov suffered a bad attack.<sup>12</sup> On 15 May of that year he somewhat pathetically wrote to his wife, Vera: “I continue with the radiation treatments every day and am pretty much cured. You know—now I can tell you frankly—the indescribable torments I endured in February, before these treatments, drove me to the border of suicide—a border I was not authorised to cross because I had you in my luggage.”<sup>13</sup> His biographer mentions only one more exacerbation of psoriasis after that, which occurred in the late 1960s when the strain of writing the novel *Ada* fell from Nabokov’s shoulders.<sup>14</sup>

The English author Dennis Potter suffered from arthritis psoriatica. “With the extreme psoriatic arthropathy that I have you can’t find a point of normal skin. Your pores, your whole face, your eyelids, everything is caked and cracked and bleeding, to such a degree that without drugs you could not possibly sur-

vive. It was physically like a visitation, and it was a crisis point, an either or situation: either you give in, or you survive and create something out of this bomb-site which you’ve become—you put up a new building. That’s what it amounted to.”<sup>15</sup> When he was home alone, young Potter listened endlessly to songs on the radio (songs make mankind unanimal-like, songs awake the angel in man). “You know that so-called cheap songs actually do have something of the Psalms of David about them.”<sup>15</sup>

## Fiction

In Updike’s novel *The Centaur* Peter Caldwell cherishes his clothing as a disguise: “Otherwise, when I was in clothes, my disguise as a normal human being was good. On my face, God had relented; except for traces along the hairline which I let my hair fall forward to cover, my face was clear. Also my hands, except for an unnoticeable stippling of the fingernails.”<sup>1</sup> He undresses furtively, avoiding to be seen as much as possible, knowing that his belly looks like it has been pecked by a great bird. Peter Caldwell experiences the disorder as a disgrace and thinks it is “allergic, in fact, to life itself.”

### *From the Journal of a Leper*

In addition to *The Centaur*, Updike devoted the novella *From the Journal of a Leper* to psoriasis.<sup>17</sup> This is the diary of an anonymous, bumptious potter; 70% of his body is covered in psoriasis plaques. The diary begins as he starts treatment with PUVA. “Falling in love with the lights,” as he calls it. The basis of the story is the erotic profile of the patient with psoriasis: “Lusty, though we are loathsome to love. Keen-sighted, though we hate to look upon ourselves.” Initially, he looks at women with desire; he loves Carlotta, his mistress, longs to hide between the breasts of a waitress, lusts after the nurse with the body of a puma, and dreams about a female fellow patient. But as his skin clears up, Carlotta—who has saintly tendencies—cools on him, once he no longer has the affliction. From his part he becomes less and less interested in women. When he lies next to her with a clear skin, he discovers blemishes and spots on her skin, which once seemed so flawless. But while she loved him throughout the previous years (in the morning she would carefully brush his flakes off her body), the pale fire of his sexual desire dulls. And there is an artistic transformation worked on him by his cure as well. He loses perfectionism as a potter. He needed the affliction to create great art in compensation.

### *Ada*

Whereas Updike has written about psoriasis at length, Nabokov devotes one page to the disease, in the novel *Ada*.<sup>18</sup> He mentions “a spectacular skin disease that had been portrayed recently by a famous American novelist in his *Chiron* and described in side-splitting style by a co-sufferer who wrote essays for a London weekly.” The two patients with psoriasis in *Ada* exchange notes with tips: “Mercury!” or “Höhensonne works wonders.” Other pieces of advice are found in a one volume encyclopaedia, and involve taking hot baths at least twice a month and avoiding spices.



### The Singing Detective

The television series *The Singing Detective*—based on a scenario by Dennis Potter<sup>19</sup>—has had a great impact; patients call it an important source of information<sup>20</sup> and doctors even recommend it as such.<sup>21</sup> The main character, Philip Marlow, is a former writer of detective stories, who has been admitted to a hospital with a severe arthritis psoriatica. Potter introduces him as follows: “Marlow is glowering morosely, crumpled into himself, and his face badly disfigured with a ragingly acute psoriasis, which looks as though boiling oil has been thrown over him.” He is an example of extreme psoriasis at its worst, “cracked, scabbed, scaled, swollen, scarlet and snowy white and boiling with pain.” His medical history is impressive: coal tar, prednisone, corticosteroids, gold injections, and methotrexate, after a positive liver biopsy. All this in a cocktail with barbiturates and antidepressants. He is in agony. His ex-wife is revolted by him because he looks like a burns victim. This gains her torments of abuse from Marlow with his blinding rage.

His condition is serious, his body temperature is so high that he starts hallucinating, which causes the boundaries between fiction and reality to blur. And in those visions he sometimes returns to his childhood; at other times one of his books is revived in his fantasy, allowing him to play the lead as the singing detective himself—an entertainer who sings appropriate songs such as “Dry Bones” and “I’ve got you under my skin.” All the songs are remembered tunes from Marlow’s childhood.

Marlow, sunk in his scabby self, is neither communicative nor helpful. This leads to fierce confrontations with his doctors. The nurses, too, are targets of his snide remarks, except for the beautiful and, in spite of herself, sensual, “diaphanous” nurse Mills. The hands of nurse Mills rubbing his penis with ointment never fail to arouse him: no matter how determined Marlow is to focus on boring things, he fails at avoiding an erection.

Eventually, it is the psychologist who demolishes the facade. Marlow is confronted with the fact that a chronic illness is a perfect shelter. It is a hiding place of the same kind as the high tree in which young Philip used to conceal himself in order to spy on the world.

### The Unconsoled

In the novel *The Unconsoled* by Kazuo Ishiguro we find Leo Brodsky, a constantly drunken outcast, with a scabby dog as his sole companion.<sup>22</sup> Brodsky, once a famous conductor, is still in love with his former girlfriend, Miss Collins, even though they have not spoken for decades after a quarrel. He dreams of her, but he cannot fulfill his erotic fantasies because of the condition of his skin: “My skin, I have these scales, they keep flaking off, I don’t know what it is.” And he combines his disease—its name is not mentioned in the novel—with his sexual fantasies: “They smell like fish too, these scales. Well, they’ll keep falling, I won’t be able to stop that, she’ll have to put up with it, so I won’t complain about her pussycat smelling the way it does, or the way her thighs won’t part properly without clicking, I won’t get angry, you won’t see me trying to force them apart like something broken, no no.” Brodsky is a tragic man, crippled and wrinkled by lust and psoriasis.

### Discussion

All aspects known from medical literature are also found in non-medical literature. Patients subject themselves to a deliberate seclusion and keep psoriasis as a secret or at least hide it. In this hiding place Peter Caldwell cherishes his daydreams. In the case of Leo Brodsky these innocent daydreams have developed into sexual fantasies, while in *The Singing Detective*, they become veritable hallucinations of the protagonist Philip Marlow.

One of the surprising similarities is the role music plays in Peter Caldwell’s life, the former life of conductor Leo Brodsky, Dennis Potter’s memories, and the hallucinations he has provided Philip Marlow with. The paradoxical combination of a monstrous appearance and an artistic air is remarkable as well. This cannot be detached from the fact that many protagonists are given artistic professions. This transformation from disease to work of art parallels the metamorphosis from a normal and clear skin to the tarnished body of a patient with psoriasis.

In all works the past or memories of the past are overwhelmingly present in the life of the protagonist. It is as if the authors argue that you can understand the patient with psoriasis only when you have fathomed his or her past. To what degree this can be realised remains unanswered, especially since the patients seem to be reluctant or unable to separate reality from the equally fascinating reality of memory or imagination.

Psoriasis functions as a metaphor for the creative process. Psoriasis is the result of the implosion of the artist, and the novels on psoriasis cultivate the idea that the psoriasis plaque is the Achilles heel of the introvert individualist, the artist who looks upon the world as a guardsman from the ivory tower of his psoriasis. His salvation is a make believe world or an entirely private world: the imagined past or the world of art.

I thank John Updike for his encouragement and support.

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## Books

### Gimme five—books, that is

We can probably agree that the best doctors will try to understand how the world looks to their patients. But how can we hope to achieve such understanding? We are prisoners of our own backgrounds (usually privileged), culture and experience (always limited), and training (narrow, overstuffed, and reductionist). One route to broader understanding is books. Chris Bulstrode, a trauma surgeon who teaches creative writing to medical students, suggested that we try to compile a list of the best books for medical students and doctors to read. We asked the people below to start us off, but now we want your suggestions. Please send us a list of five books with a sentence or two on why each is worth reading.

We will publish all the lists on our website, compile a comprehensive list there, and then publish a list of the top 10 (or possibly more) in the paper version of the journal—perhaps with a summary of each and some of the best quotes. And once we've done books we might try films. Or music?

#### Kate Adams, medical student, United Kingdom

*Jonathan Livingstone Seagull*, Richard Bach

I have been lost in flight with Jonathan Seagull on numerous occasions. It is a truly inspiring book that reminds me that life is about living and not just following the flock. Since reading this book I have not been able to look at a seagull in the same light.

*Some Lives*, David Widgery

This book helped me decide to train in east London. Written by a general practitioner with 20 years of experience, it gives an interesting account of the history, politics, and solidarity of the east end.

*Birdsong*, Sebastian Faulks

A beautifully written, powerfully descriptive, and deeply moving story about the first world war. The personal touches made me feel as though I was also there in the trenches.

*Intimate Death*, Marie De Hennezel

Written by a French psychologist who supported François Mitterand through his terminal illness. She is deeply spiritual and recounts powerful experiences that she has had with people close to death. This book is not depressing. In fact, to quote Mitterand, the book is a "lesson in living."

*The Benn Diaries* (new single volume edition), Tony Benn

A fascinating insight into political life and the wheelings and dealings that have gone on behind the scenes over the past 50 years. It made government feel more accessible, personal, and vulnerable.

#### Jeremy Anderson, psychiatrist, Australia

*Manufacturing Consent: The Political Economy of the Mass Media*, Edward S Herman and Noam Chomsky, Vintage, 1994

A contemporary polemic. Required reading for anyone who opens a newspaper, or perhaps a medical journal. Available on video for those political couch potatoes unable to turn a page.

*The Cornish Trilogy*, Robertson Davies, Penguin. Comprises *The Rebel Angels* (1982), *What's Bred in the Bone* (1985), and *The Lyre of Orpheus* (1988)

Subtle wit and pratfalls, academe and Rabelais, mysticism, and piercing common sense.

*Vineland*, Thomas Pynchon, Minerva, 1990

The froth and bubble of the youth culture of '80s California artfully described. In a way this combines my first two selections. Read this book and ponder if paranoia is the only sane response to the modern world.

*Sweet Soul Music: Rhythm and Blues and the Southern Dream of Freedom*, Peter Guralnick, Penguin, 1986

Music fans of all persuasions have books that illuminate their obsessions; this is one of mine. Through the voices of the original

protagonists, Guralnick provides a cultural history that encompasses much of the American South of the '60s. Ray Charles, Solomon Burke, Dan Penn, Aretha Franklin—all these and many more speak to us here. An excellent companion compact disc provides the soundtrack (*Sweet Soul Music: Voices from the Shadows*, Sire/Warner/Blue Horizon 9-26731-2).

*Bad City Blues*, Tim Willocks, Jonathan Cape, 1991

Like Chekhov, Willocks started to write after graduating in medicine, but the similarities end there. This book is a taut, sexy, and gratuitously violent thriller included here because it introduces the baddest psychiatrist in literature. Not for the faint hearted.

#### James Barrett, psychiatrist, United Kingdom

*Catch 22*, Joseph Heller

The best book I've ever read. Rather profound philosophy applicable to a seemingly insane world, wrapped up in a surreal story.



Che Guevara

*Che Guevara's Motorcycle Diaries*

Bush medicine, bed hopping, and a challenging and currently unpopular brand of socialism by an icon of our times who happened to be an immunologist too.

*A Liar's Autobiography*, Graham Chapman

How one man chose whether to be a consultant in ear, nose, and throat surgery or in something completely different. A choice that faces many doctors and medical students.

*The Prophet*, Khalil Gibran

A beautiful extended poem, seemingly from another time but written this century. Poetry for those who don't like poetry.

#### Solly Benatar, professor of medicine, South Africa

*Obedience to Authority*, Stanley Milgram, Harper Torch

Provides chilling insights into moral dangers that result from the human propensity to obey authority.

*Animal Liberation*, Peter Singer, Avon

Argues compellingly for a re-evaluation of our relationship with animals.

*Causing Death and Saving Lives*, Jonathan Glover, Penguin

A scholarly examination of moral issues pertaining to matters of life and death.

*The Passion of the Western Mind*, Richard Tarnas, Ballantine

An eloquent and easily readable account of the ideas that have shaped our world view.

*A History of Civilizations*, Fernand Braudel, Allen Lane

An integrated systems approach to world civilisations, written by one of the greatest historians of the 20th century for final year secondary students.

**Chris Bulstrode, professor of orthopaedics, United Kingdom**

*Touching the Void*, Joe Simpson, Pan, 1988

The greatest climbing book of all time. When I finally put it down at 5 am, having read it non-stop, I was physically exhausted. Not fiction, just rank escapism.

*Catch 22*, Joseph Heller, Vintage

There are many great books on institutional madness, a subject which fascinates me. This is the most accessible and the funniest. The rest, like the biography of Albert Speer, *The Best and the Brightest*, are important but no fun.

*Microserfs*, Douglas Coupland

The world of computer geeks and nerds exposed at last. Like lifting a stone and exposing a whole lot of endearing invertebrates to the sun for the first time.

*One Flew Over the Cuckoo's Nest*, Ken Kesey, Picador, 1976

I suppose it is the old "Who exactly is mad anyway?"

*The Grapes of Wrath*, John Steinbeck, Penguin, 1963

Dispossessed people are a big problem for doctors. This book encapsulates the problems for me.

**Simon Chapman, public health academic, Australia**

Rookmaaker LC. Captive rhinoceroses in Europe from 1500 until 1810. *Bijdragen tot de Dierkunde* 1973;43:39-63.

Not a book, but a masterpiece. Between 1500 and 1810, 10 rhinos were successfully brought to Europe for the edification of various courts. One was "fond of the smell of tobacco and now and then the ones who took care of it blew smoke into his nostrils and mouth." Another "was fond of wine, of which it sometimes drank three or four bottles in a few hours." We all know people like that.

*How to Help Your Husband Get Ahead in His Business and Social Life*,

Dorothy Carnegie, World's Work, 1954

Ladies, read six ways to raise your EQ (enthusiasm quotient, silly!); how to make mountains out of his virtues; and how to stop being a "buttsky." Husbands, be warned though, signs of what was to come are here—a whole chapter on "having outside interests of your own." Tsk, tsk.

*Le Petomane*, Jean Nohain and F Caradec, Sphere, 1971

A classmate of mine, Foul Bowel Bob Howell, would have had his whole identity changed by this book. The story of the world's most celebrated musical anus belonging to Joseph Pujol, "a very modern fin de siècle fellow" who could do violin, bass, and trombone recitals.

*Youth and Sex. Dangers and Safeguards for Girls and Boys*, Mary

Scharlieb and F Arthur Sibley, TC and EC Jack, 1914

A wise man once said that he who goeth to bed with stiff problem, waketh with solution in hand. Dr Clement Dukes, medical officer at Rugby School and "the greatest English authority on school hygiene," claims here that about "90 to 95 per cent of all boys at boarding schools" are well acquainted with Mrs Palm and her five daughters. Lots of early EBM here on the causes of blindness and torpor.

**Linda H Clever, editor, Western Journal of Medicine**

*The Plague*, Albert Camus, Modern Library/Random House, 1948

This metaphor for the Holocaust applies as well to AIDS. The Nazis were the plague; the rats were the collaborators; the physicians were the Resistance. For once, doctors come off looking good.

*Collected Poems*, Emily Dickinson, Avenel Books (original, 1890, 1891, 1896; special, 1982)

Emily Dickinson captured the breeze, uncovered the soul, inflamed the passions—all with a few words ingeniously placed.

*The Bible, New Standard Translation*

Well, why not? Great literature; great courage, hope, renewal, all the other themes that are important to me in one handy volume.

*Self-Renewal: The Individual and the Innovative Society*, John W Gardner, Norton, 1981

Still in print, this antidote to decay and pessimism shines a beacon for wonderers and wanderers, for those who question their direction

in life and the meaning in life. Gardner, a Marine in the second world war, a cabinet officer, and the founder of the citizens' lobby, Common Cause, teaches by telling lively stories that impart pure wisdom.

*Lest Innocent Blood Be Shed*, Philip Hallie, Harper Torch, 1985

This is the story of Le Chambon, a Huguenot village that saved Jews in the heart of Vichy France. It is not great literature but great ethics ... that can change the way we live.

**Frank Davidoff, editor, Annals of Internal Medicine**

*Tumbling in the Hay*, Oliver St John Gogarty, Reynal and Hitchcock, 1939

Quirky, engaging, Fellini-like novel about life as a medical student/bicycle racer in Dublin in the 1930s. It ain't like it used to be.

*The Death and Life of Great American Cities*, Jane Jacobs, Random House (Modern Library Edition), 1993

An unblinking look at what really happens on city streets and why. The result is devastating; it turns out that the emperors of modern urban planning had no clothes on at all. A landmark of 20th century social criticism. Also good reading, funny; she has a very sharp tongue.

*The Language Instinct*, Stephen Pinker, Morrow, 1994

Highly readable but also scholarly (Chomskian) account of the way language really develops and is used. Punctures a number of pompous people and ideas along the way; a lot of good quotes from Woody Allen and the like.

*Landscape and Memory*, Simon Schama, Knopf, 1995

Not exactly easy reading, but you'll never look at the natural world the same way again. You finally understand that what you see when you look at the landscape is as much myths in your head as rocks and the trees. Full of juicy stories about the great and not so great. Could also pick one or another of Schama's books, like *Citizens*—the one about the French revolution: awesome.

*The Gift. Imagination and the Erotic Life of Property*, Lewis Hyde,

Random House (Vintage Books), 1983

Pulls together everything from Walt Whitman and Ezra Pound to medical journal publishing with the common thread of gift giving.

**Tony Delamothe, deputy editor, BMJ**

*The Autobiography of Alice B Toklas*, Gertrude Stein

"What an interesting life you must have had living with me," Stein intimated to her partner of 25 years. "You should write your autobiography." Somehow Alice never got round to it, so Gertrude wrote it



GETTY IMAGES

Gertrude Stein

for her. What you get is the several times larger than life Gertrude Stein. Despite having been a star medical student at Johns Hopkins, Stein failed her finals (in 1902)—"You don't know what it is to be bored." Oliver Wendell Holmes had told her that a medical education opened all doors, and it did: Stein's fingerprints can be found all over 20th century culture.

*A Book of Common Prayer*, Joan Didion

"We tell ourselves stories in order to live," begins a collection of Joan Didion's essays. And all of her work, fiction and non-fiction, reminds



us that making sense of our lives is one of the supreme human tasks. Didion's heroines seem perilously close to losing the plot as they travel between California and central America, trying to impose on events a believable narrative line.

*The Undertaking: Life Studies from the Dismal Trade*, Thomas Lynch  
I think of undertakers as those stooges with illfitting suits and expressions to match, reflecting emotions they can't possibly be feeling, funeral after funeral, day after day. This caricature is probably unfair to all of them—it certainly is to Lynch, who has more interesting things to say about The Really Big Issues than most writers, perhaps because he's so close to them, funeral after funeral, day after day.

*The Reader*, Bernhard Schlink  
Germany is the 20th century's "special case," which those of us of a certain frame of mind want to have explained for us. This initially simple tale of a relationship between a student and an older woman has profound things to say about the recent German past and why humans make the choices they do.

*Collected Poems*, Judith Wright  
South of my day's circle, part of my blood's country,  
rises that tableland  
I turn to this collection whenever my Australian roots need nourishing. Wright lived on the edge of the rainforest and campaigned for the environment and the Aborigines a generation before these were fashionable—yet she was recognised as Australia's foremost poet within her lifetime.

**Michael Farrell, consultant psychiatrist, United Kingdom**  
*Ulysses*, James Joyce  
James Joyce dropped out of medical school and indicates what great things some of you might have done if you pursued a different



James Joyce

career. Each chapter is focused on a particular body organ and sense, but it will take some deciphering. The doctor's behaviour in the book consists of drinking and carousing. A single and complete education in English literature.

*Amongst Women*, John McGahern  
Finely crafted about male emotional tyranny of women—a suitable reminder of all those bastard consultants who behaved intolerably to everyone on their ward rounds.

*Junky*, William Burroughs  
The best book by this reprobate addict describing the addict's life. He advises when seeking drug prescriptions: "You need a good bedside manner or you will get nowhere with doctors."

*Diana: Her Own Story*, Andrew Morton  
A tragic tale, but you can learn a good bedside manner from the Queen of Hearts.

*Medical Nemesis*, Ivan Illich  
A flawed but brilliant critique of modern medicine that seems to have been lost in history but is as ever relevant today.

**Carlo Fonseka, professor of physiology, Sri Lanka**

*The Blind Watchmaker*, Richard Dawkins  
Best book on evolution.

*The Double Helix*, James Watson  
Gives the lowdown on scientific research.

*The Culture of Contentment*, John Kenneth Galbraith  
Tells why socialism should not be allowed to die.

*Preparing for the 21st Century*, Paul Kennedy  
Relevant history on a grand scale.

*Rubaiyat of Omar Khayyam*, Edward Fitzgerald  
Good for philosophical relaxation.

**Paul Glasziou, general practitioner, Australia**

*The Man Who Mistook his Wife for a Hat and Other Clinical Tales*, Oliver Sacks, Harper and Row, 1987

Can stories of unusual neurological problems really be entertaining? Sacks makes them so, but also poses many thorny questions about the nature of disease and our sense of self.

*Moments of Reprieve*, Primo Levi  
Levi has written several books about his time in Auschwitz, but this is probably the most readable. For example, "Small Causes" tells how his ill gotten half bowl of frozen soup leads to an illness that results in his "abandonment" by the fleeing Nazis—a "mistake" which saved his life.

*How We Know What Isn't So*, Gilovich  
Dr Who once said: "You humans are so good at seeing patterns that aren't there." There are several good books that expand on this insight and discuss our routine errors in thinking and judgment, but this is probably the most readable.

*The Dilbert Principle*, Scott Adams, Harper Business, 1996.  
This is the most amusing critique of modern non-evidence based managerialism. Essential reading for those who want to understand the problem, but afterwards I would then suggest Deming's *Out of the Crisis*.

*Mediterranean Light*, Martha Rose Shulman, Bantam, 1989  
Was there a rule against cook books? Shulman writes with such affection and wit about this healthy and delicious cuisine. One of my favourite books to browse at random, and the mushroom risotto is the best I've tried.

**Brian Haynes, physician, Canada**

*Candide* by Voltaire and *Candy* by Terry Southern  
To help (and amuse) all those who have trouble saying no.

*The Wealthy Barber: The Common Sense Guide to Successful Financial Planning*, David Chiton, Stoddart Publishing, 1989  
All people starting out in life who wanna get rich quick should read this—it will help you protect yourself from yourself. (Wish I'd read it when I was young!)

*The Edible Woman*, Margaret Atwood, Bantam-Seal Books  
Reveals how and why women have difficulty eating meat that looks on the plate as it is in real life—for example, fish—and how women can overcome this.

Early books by Kurt Vonnegut Jr, especially *Slaughterhouse Five* (1969), *God Bless You Mr Rosewater* (1965), *Welcome to the Monkey House* (1950), Dell Publishing  
Some of the best modern satire and insight into human nature that I know.

*Another Country*, James Baldwin, Dell Publishing, 1960  
The truth about sex, race, and society, Manhattan soul version.

**Jonathan Hobson, medical student, United Kingdom**

*To Kill a Mockingbird*, Harper Lee  
I'm sure everybody knows the story; a beautiful tale of childhood and justice in a southern town. Very emotive and a wonderful read.

**House of God, Samuel Shem**

A very cynical look at hospital medicine written by an American intern under a pseudonym. Some great advice—for example, any bodily cavity is accessible with a long enough needle and a strong enough arm. Should probably be read by all medical students just to show that even the annoying incidents on the wards can be humorous if one is cynical enough not to get worn down.

**The Ultimate Alphabet, Michael Wilkes**

Written, or rather drawn, in 1986, this book features 26 paintings, one for each letter. In each one there are thousands of objects all starting with the same letter; the aim is to identify as many of them as possible. Always good fun.

**The Orton Diaries, Joe Orton**

A great insight into the depravity of 1960s bohemian London. Very interesting and contrasting—accounts of his father's funeral on one page, stories of his exploits in the lavatories in London on the next.

**The Decameron, Boccaccio**

A series of 60 or so vignettes, similar to the *Canterbury Tales*, set in 15th century (I think!) Italy. Good to know what really went on back then. People from all places and all ages seem to enjoy doing the same things, and laugh at pretty much similar humour.

**Olivia Horner, medical student, United Kingdom****In the Skin of a Lion, Michael Ondaatje**

I love this book. It is possibly the best book I have recently read.

**The Quantum Self, Danah Zohar**

Medicine revolves around the Newtonian mechanistic paradigm. Here is an alternative philosophy, also based on science, that allows a holistic vision of ourselves and the world. This stretched my mind and made me excited.

**Electric Kool-Aid Acid Test, Tom Wolfe**

It was either this or *Trainspotting*. Both are about drug culture. This one is now almost historical as it tells about acid, Ken Kesey, and Haight-Ashbury hippy life.

**Medical Nemesis, Ivan Illich**

Illich dislikes the professions. He believes they decrease the control the ordinary man has over his life. In this book he argues as to how much modern medicine has actually achieved in making us healthier. Very little, according to him—I'm not sure I totally agree but he has made me think.

**To Kill a Mocking Bird, Harper Lee**

I still reread this book, and it still makes me cry.

**Richard Horton, editor, Lancet**

GETTY IMAGES

W Somerset Maugham

**Of Human Bondage, W Somerset Maugham, Penguin**

A book I read at 30, but one that I should have read at 20. It would have saved me (and others) a great deal of irritation.

**The Sportswriter, Richard Ford, Harvill**

The fateful humour of an ordinary—though, in Ford's hands, extraordinary—life.

**Long Day's Journey Into Night, Eugene O'Neill**

A torn family, frayed by illness. The hinterland, largely unexplored, surrounding every patient.

**Satan Says, Sharon Olds, University of Pittsburgh Press**

Her first collection of poetry. Olds ties language into tight knots that cut pleasurably into flesh.

**The Discourses, Epictetus, Everyman**

A friend to get you through long nights on call.

**Zviad Kirtava, rheumatologist, Georgia****Flowers for Algernon, Daniel Kizzy**

This is short story worthy of some tremendous novels for its outstanding feeling of compassion. Reminds me of the wonderful movie *Awakenings*.

**The Catcher in the Rye, J D Salinger**

It is too difficult for me to describe this masterpiece. One should just read it.

**The Little Prince, Antoine de Saint-Exupery**

Hopefully, most medical students have already read this book, like *Beauty and the Beast*, which could also be mentioned.

**The Notes of the Young Doctor, Mikhail Bulgakov**

Terrible notes from Russia after the revolution by a genius writer, who like many others has been a doctor himself.

**The First Garment, Guram Dochanashvili**

My favourite book—has everything a human being needs to learn.

**Carl Kjellstrand, physician, United States****Heart of Darkness, J Conrad**

The best written story in English. The subject, the call to violence and cruelty, can be seen in small children and is that which we can cover up for a while. A good thing to know about.

**The Plague, A Camus**

The counterweight to the above, an immensely optimistic book, which says that we can control these traits by human heroism. And the hero is a physician who recognises the plague, a cover for all evil (I believe that it was Nazism that inspired Camus to write this book). He fights against it with his little group, who all die, apart from the physician. "Nonetheless he knew that the tale he had to tell could not be one of final victory. It could only be a record of what had to be done, and what assuredly would have to be done again in the never ending fight against terror and its relentless onslaughts, by all, who despite their personal afflictions that enable them to be saints, still refuse to bow down to pestilences and strive their utmost to be healers."

**The Brothers Karamazov, F Dostoyevsky**

The best description of three great human characters and how different people deal with the great catastrophes that life tosses every one of us from time to time.

**Death in the Family, James Agee**

The best description of the numbing catastrophic impact of sudden, unexpected death on a young family, complete with the problems of communication that exist in all families. In this case it is a disagreement about religion between the wife and the husband, who is killed in an accident.

**My Confession, L Tolstoy**

The tale of how a young, rich, spoiled, very intelligent person works through the superficialities of his artificial environment to find a moral rock bottom. Every physician should do that to be able to deal with patients a bit beyond being a slick body engineer.

**Irvine Loudon, medical historian, United Kingdom**

*Guns, Germs and Steel. A Short History of Everybody for the last 13,000 years.* Jared Diamond, Jonathan Cape, 1997

A marvellous, broad, and highly original account, of the impact of agriculture, disease, writing, technology, and war on the development of humanity; beautifully written and gripping. Just published.

*A Thousand Acres*, Jane Smiley, Flamingo

Hearing that this was the story of King Lear set in modern rural mid-west USA, I was doubtful at first, but I believe it to be the most moving and memorable novel of the past 20 and more years. I have read it three times with increasing admiration and enjoyment.

*Notes from a Small Island*, Bill Bryson, Black Swan (paperback)

By far the funniest, as well as one of the most sharply observed, accounts of Britain today.

*Solitude*, Anthony Storr, HarperCollins

I wish this beautifully wise and readable book had been available when I started medicine. I am sure it would have made me a more understanding and tolerant doctor, as well as reassuring me that it is OK to be a bit of an unsociable recluse.

*Weir of Hermiston*, Robert Louis Stevenson

The most beautifully written and most memorable novel I have ever read—even though it was unfinished.

**Nabil Nassar, physician, Lebanon**

*The Ascent of Man*, J Bronowski

Deals with humanity through the concept of understanding the philosophy of nature through “understanding human nature and of the human condition within nature.” Doctors and the diseases they diagnose and treat are within nature.

*Manwatching*, Desmond Morris

A fascinating book on how human physical gestures transmit messages. Some of the ideas presented and discussed never crossed many minds, including mine. Physicians “watch” patients all the time.

*Man and His Symbols*, Carl Jung

As depicted in the title, the book is about symbols of man, emphasising the “language” of dreams with which the unconscious in man communicates. It helps medical students understand the many facets of man’s behaviour, which in essence reflects actions preconceived in his brain while dreams are “actions suppressed.”

*The Muqaddimah of Ibn Khaldun*, translated by F Rosenthal

Although originally written more than six centuries ago, this book remains a classic behavioural sociology reference about men’s physical environment and his social behaviour within this environment, and how both influenced him and the civilisations he developed.

**Roger Robinson, associate editor, BMJ**

*Dibs in Search of Self*, Virginia Axline

A moving account of psychotherapy for an emotionally disturbed child.

*Middlemarch*, George Eliot

By any standards one of the greatest novels, but nominated for its portrait of a doctor to admire and identify with.



POPPER/PHOTO

A J Cronin

*The Citadel*, A J Cronin

A compelling story which shows why Britain needed the National Health Service (and still does).

*Hall of Mirrors*, John Rowan Wilson

A gripping medicopoliticolegal thriller, and a warning that the student is not entering a profession led exclusively by saints or intellectual geniuses.

*Le Grand Meaulnes (The Lost Domain)*, Alain Fournier

Nothing medical here, but nominated for the haunting beauty with which it evokes a sense of loss.

**Jaime Sepulveda, public health director, Mexico**

*The Magic Mountain*, Thomas Mann

Life and times of a young man with tuberculosis in the pre-antibiotic era. A must for medical students.

*The Alexandria Quartet*, Lawrence Durrell

One of the most influential and seductive books I have ever read.

*Under the Volcano*, Malcolm Lowry

A novel on the intense life of an alcoholic British consul in Cuernavaca, Mexico, during the 1930s

*Confederacy of Dunces*, John Kennedy Toole

Pulitzer prizewinner, one of the most hilarious books on earth.

*Love in the Time of Cholera*, Gabriel Garcia Marquez

Extraordinary novel on falling in love at an old age, the cholera pandemic existing only as a background.

**Jenny Simpson, editor, Clinician in Management**

*Captain Corelli's Mandolin*, Louis de Bernieres, Minerva

An unputdownable tale, provoking endless reflection on the value of a human life and the sheer madness of huge organisations.

*The Diving-Bell and the Butterfly*, Jean-Dominique Bauby

Compulsory reading for anyone involved in health care. I finished this remarkable book in the course of a long night—it would have been disrespectful to put it down. I emerged considering very carefully not only how we help those who are suddenly unable to communicate but also the need to appreciate each day that you are lucky enough to possess all your faculties and reasonable good health.

*The House at Pooh Corner*, A A Milne

An invaluable aid to analysing the peculiar behaviour of senior colleagues. In the medical profession, Eeyores and Tiggers abound, and many an otherwise upsetting encounter can be defused by predicting the next phrase with an inward smile.

*The Bridges of Madison County*, Robert James Waller, Mandarin

Not only remarkable for its lovely style, this novel brings a lesson to us all. Written by a professor of management who wanted to write—if you can dream it, you can do it.

*Notes from a Small Island*, Bill Bryson

Another essential for survival in the medical profession. Our sense of humour—like the rest of us—needs a regular workout, and Bill Bryson’s books provide a thoroughly and at times achingly good laugh.

**Richard Smith, editor, BMJ**

*The Leopard*, Giuseppe Tomasi di Lampedusa, Collins Harvill

Written by a Sicilian nobleman, this book includes an unequalled account of dying and explains why people, especially Sicilians, often don’t want to do what is “sensible.”

Anything by Anthony Trollope (most of his many novels are in Penguin Classics)

I would never understand the institutions of medicine—like the BMA—by reading the newspapers, but I do through reading Trollope. And his books are captivating.

*Middlemarch*, George Eliot (available in many forms, including Penguin Classics)

Virginia Woolf called it “one of the few English novels written for grown up people,” and Lydgate is one of literature’s best drawn doctors.

*The Essays: a Selection by Michel de Montaigne*, Penguin Classics

The most startling, modern, and amusing insights into love, death, sex, conversation—everything that matters—by a 16th century mayor of Bordeaux.



*Collected Poems 1909-1962*, T S Eliot, Faber

Single poems contain more wisdom than whole textbooks of medicine.

**Tony Smith, associate editor, *BMJ***

*A Farewell to Arms*, Ernest Hemingway

War medicine and obstetrics in the early years of the century.

*Mischief among the Penguins*, H W Tilman

A long distance exploring voyage late in the 20th century with no modern gizmos.

1984, George Orwell

Profoundly influential account of a totalitarian society.

*The Population Explosion*, P Ehrlich and A Ehrlich

Why and how we have allowed the world's population to more than double since 1950.

*The Blind Watchmaker*, Richard Dawkins

Influential account of genetics and evolution that denies a divine creator.

**Pritpal S Tamber, medical student, United Kingdom**

*Hope*, Glen Duncan

The shock that many graduates face in the real world after the protected environment of university is interlaced in this sometimes depressing story that on first impressions is about the character's moral collapse and losing his first love.

*The Grapes of Wrath*, John Steinbeck

The only worthy response to this book has to be that of Bruce Springsteen, who felt sufficiently inspired to pen the brilliant "The Ghost of Tom Joad" album—no sentence from me could even begin to describe this moment of utter literary genius.

*Lolita*, Vladimir Nabakov

Looking at something from somebody else's point of view is an invaluable tool, but Vladimir Nabakov coaxed me into learning, understanding, and perhaps even accepting something I never wanted to—the paedophile.

*The Fall of Yugoslavia*, Misha Glenny

A three sided war compounded with territorial, religious, political, and personal conflicts and fuelled by the past is explained with a clarity that puts the confusing, and often biased, media coverage to shame.

1984, George Orwell

Perhaps I should not have read this as an emotionally charged adolescent but, after initial confusion, this book changed me into an anti-establishment, authority-hating, rebellious youth—at least that's my excuse and I'm sticking to it.

**Jessica Westall, student editor, *studentBMJ***

*Silk*, Alessandro Baricco, Harvill

A 19th century Frenchman travels to Japan—which was then closed to foreigners—in search of silk and falls in love with a woman with the eyes of a European who never speaks. The narrative is woven like silk—slowly, gently, and with a repeating pattern—to end with a beautiful interwoven tale.

*To Kill a Mockingbird*, Harper Lee, Minerva

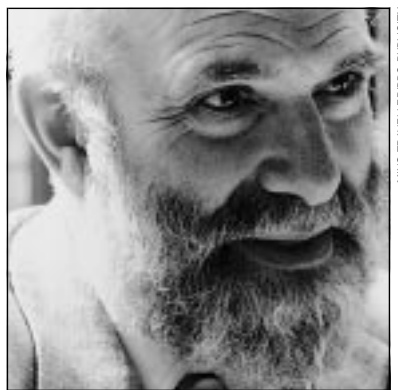
A story about justice and slavery seen through the eyes of a white child growing up in a small, deep south, American town. Relationships, fear, and the irrationality of adult society are seen with clarity and humour by the mischievous Scout and makes me think we should not try too hard to grow up.

*Sophie's World*, Jostein Gaarder, Phoenix

A history of philosophy wound up in a magical, fictional, fairytale. To read it is to absorb knowledge without realising—a lesson for anyone who is involved in teaching.

*The Buddha of Suburbia*, Hanif Kureishi, Faber

Karim Amir is English, but his father tries his best to stay an Indian and still can't find his way around the London suburb where he has lived for 20 years. Karim's father attempts to discover his Asian roots and becomes an accidental guru. Sharp, witty observation on modern life, adolescence, and the experience of sharing two cultures.



Oliver Sacks

*The Man who Mistook his Wife for a Hat*, Oliver Sacks, Picador

Oliver Sacks' deep enthusiasm for his patients is catching. I read this and hoped I would always be fascinated by my world, whatever I was doing.

**Steinar Westin, professor of community medicine and general practice, Norway**

*The Story of San Michele*, Axel Munthe, Folio Society, 1991

Originally published in 1929, this book quickly became a bestseller and was translated into many languages. Axel Munthe (1857-1949), a Swede, was a doctor in high class Paris, as well as among the poor and pest ridden people of Italy, for some time working with Dr Charcot at the Salpêtrière Hospital at the time of mesmerism and when rabies infected peasants were brought in from Hungary to end their lives under his futile treatments. But most inspiring are his reflections on the doctor's role in dealing with symptoms of boredom and affluent life.

*Amok*, Stefan Zweig

Stefan Zweig seems to be among the unjust forgotten ones: he died too early, and when the Nazis had burnt most of his books, he wasn't around to have them re-edited. *Amok* is one of his great short stories, charged with magic and deadly destiny. Stefan Zweig paints one of those desperate landscapes unknown to most of us, yet, within the realms of possibility.

*An Enemy of the People*, Henrik Ibsen

I recently learnt that this Norwegian play had been performed in Turkey, to the delight of Turkish general practitioners and district physicians, who in the stubborn Dr Stockman found a reflection of their own role as modest doctors striving to influence whatever was wrong in their local communities. A play of power and intrigues, and the loneliness of the moral upright, but not very diplomatic doctor of the local bath, suspecting that the water is infested with some contagious poison. The play precedes Robert Koch by some 20 years.

*Doctors*, Eric Segal

This novel by the author of *Love Story* (remember the film?) digs into the lives of five medical students at Harvard (if I remember correctly) and gives a very detailed story of the mouldings and modellings of those future doctors while still in their "training camp." Great reading for any medical student, I should think, reminding us that any one of us plays a lead role in the drama of our own lives.

*The Citadel*, A J Cronin, first edition 1937, Norwegian edition 1983

Most people know this book from the British television series (we love those well acted BBC series in Norway) about the modest and idealistic Dr Manson from a mining village in Wales, demonstrating his doctor skills and dedication to the poor and exploited miners.

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## Poems

These three poems come from a series Glenn Colquhoun wrote during a recent attachment. Currently a house surgeon at Thames Hospital, Thames, New Zealand, Glenn finds poetry “a good antidote to the hustle and bustle of being a junior doctor and a good way of trying to keep some focus on the patient.”

### *A history*

#### The presenting complaint

It was a fine day. I was outside. I had thought to myself that it was a good day for washing. There are people who say that they will do it for me but there are many ways of hanging it out. I know which way I like it hung myself and I don't mean to be a bother. It was a fine day and I was so warm. It was a terrible sound. Like someone had cracked a branch. I knew by the sound of it that it wasn't good. It was a very hot day. I hope someone has got them in. You probably don't mind which way they are hung.

#### A medical history

I knew a doctor once, which was many years ago. You may have heard of him. He worked here. You have not. You must have heard of him. He was quite famous. He invented a machine. It was the shape of a triangle. He sewed it on to the skin to help his operation. I was one of the first he used it on. I can tell you I would never have it again after that. I don't remember the operation. You would know it of course. Do they still use it? I'm not surprised.

No. I have had no problems there. I take pills of course but I do not know what they are for. They may be for that. I have read that sometimes you would not know. They could be for that—the pills. It would make sense. What do you think?

No. No. No. No. Oh my goodness, no. I have never had that. Not at least that I know of. Should I have known? I am not sure. I could have I suppose. How would I know? I wouldn't have thought so. You have me thinking.

You have had me thinking and now I remember. I have had upsets there, yes. In the past. Yes, I have had problems. How is that then? I have. Thank you for reminding me.

#### The medications

I have taken many pills in my time. Yes, there have been a lot. I used to take a blue pill. It was small, even for a pill. Once for a while I took the blue tongued mussel. Have you ever heard of that? I don't know why I took it now. I told my doctor I had been taking it. He said the less of it I took the better. I don't suppose I should have taken it now. The blue tongued mussel. Could it have done me any harm?

#### The allergies

I am allergic to morphine. I must not have it. They gave it to me when I came here. It made me see things. There was a room full of men and they were looking at me. It was very strange. I did not look back to begin with. They spoke to me. One of them I thought quite smart. He asked me to dance. I said to the doctor could I dance. My leg was not sore. I said the men had been talking to me and did he think what they have been saying could be true. He asked me which men. I said the men who have asked me to dance. He said I was not to have any more. I was disappointed. He did not see them at all.

#### A social history

I have been married. It did not seem long ago. I met him when he was playing rugby and I was going to church. In the end of course he came to church. He was a very good player. A winger. He was very fast. He played for the local team in his day. He could not come to church then. He was a great man for his football but I was patient. I knew that he belonged in church. He knew it too, but he was a young man and very fast. He had to wait till he could not play football anymore and then he came. He went happily then. He came to be very strong. He was an elder. He was a winger and an elder. Very fast. I suppose I was faster.

I live on my own now and I do not smoke. My husband used a pipe. Is that better or worse? He said it was better. I was not sure. I drink wine on occasions. I have been told that it is good for me. You have been very thorough.

Have I told you what you wanted to know?

*Visual acuity*

# When he smiled

he saw seagulls wait  
on the telephone wires  
at the corners of his eyes.

His round suns rose on their white beaches to stare.

The world focused carefully on more important things.

His blinking is the sound of small boys throwing crusts on the water.

*A minimal status examination*

- (1) She told me that it was summer and that we were in the south of France.  
Last night we had heard a man sing beautifully on the street and had sipped wine while we listened.  
Her father was important and young men had always sought her. I was no exception.  
She complained of the heat.
- (2) She remembered three things:  
One—The sound of crickets frying in the sun.  
Two—The correct way for casting on a row of stitches.  
Three—That in her father's house were many mansions.
- (3) She told me that my pen was a dagger and that my watch was a fading rose in my hand.
- (4) She said that the world was already backwards and why make it worse.
- (5) She wrote:  
"Old Meg she was a gipsy  
And lived upon the moors  
Her bed it was the brown heath turf  
And her house was out of doors."
- (6) She drew a butterfly on a piece of paper for me.  
She coloured the body in blue where the wings overlapped.
- (7) She closed one eye at a time slowly while she looked at me with a smile.
- (8) She took the paper in her right hand, screwed it up, and threw it at me.  
*No ifs, ands, or buts.*  
Later I told her what day it was and the name of the place where we had talked.  
I said her name like a cold flannel wiping away the food from someone's mouth.  
There are times when I wonder why I did.



# Rap



## BMJ rap

*BMJ BMJ*

My daddy reads it every day  
Every day, every day  
My daddy reads the *BMJ*.

At 7 o'clock my dad called Jim  
Makes some tea for mum and him  
I want a story in his bed  
He reads the *BMJ* instead.

*BMJ BMJ*

My daddy reads it every day  
Every day, every day  
My daddy reads the *BMJ*.

We have our Bran Flakes at the table  
I have two bowls if I'm able  
"Can you pass the milk?" I say  
But he says "Pass my *BMJ*."

*BMJ BMJ*

My daddy reads it every day  
Every day, every day  
My daddy reads the *BMJ*.

When my dad comes home for tea  
He grumbles to my mum and me  
"Someone's tidied up today  
Have you seen my *BMJ*?"

*BMJ BMJ*

My daddy reads it every day  
Every day, every day  
My daddy reads the *BMJ*.

On Fridays he will always say  
"Has the postman been today?"  
He'll search the mail and then he'll say  
"Did he bring my *BMJ*?"

*BMJ BMJ*

My daddy reads it every day  
Every day, every day  
My daddy reads the *BMJ*.

He reads in bed, at meals too  
He always takes it to the loo  
"Daddy, I would like to play  
Put away your *BMJ*."

*BMJ BMJ*

My daddy reads it every day  
Every day, every day  
My daddy reads the *BMJ*.

I love it on our holiday  
We pack the car and go away  
And when we get there it's OK.  
They don't deliver *BMJ*!

Mark Sutherland (age 7), Sheffield S26 7YH

## Soundings

### The session

One of the joys of Irish culture is our music sessions. You stagger out of the lashing rain into a pub, someone is playing in the corner; you grab a beer, whip out your harpoon or your guitar and get involved. More fun than Disneyland, more team spirit than the SAS, particularly at our annual folk festival, where we have never had any problems with the paramilitaries. "We know were you live," we threaten them, "and we'll come and play outside your house."

There is a downside; music is in our blood, they say, but so is cholesterol, and years of clandestine observation has led to the conclusion that there are many hidden dangers involved, and every instrument has its own unique hazards. The Corner House in Rostrevor has provided me with the following observational data, and any resemblance to persons alive or dead is right on the money.

*Guitar*—A gentleman has been defined as someone who doesn't play his guitar at a session. It is a perilous diversion; if you play it badly the other musicians will hate you; if you play it well the other guitarists—that is, 90% of the other musicians—will hate you. So beware of being mugged on the way home. Bring bandages and antiseptic, and get insured.

*Uilleann pipes*—For some bizarre, unfathomable reason beautiful, exotic foreign women find grotesquely sweaty, hairy, ruddy featured men, maniacally pumping their right elbow, irresistibly attractive. So before rushing out for lessons, stop at the chemist for supplies.

*Fiddle*—Virtuosos, believing that all others are there only to give them backing, can develop paranoid delusions of supremacy and rush out at any moment to receive imaginary awards. May need sedation. Their "flying right elbow" can cause eye, skull, and dental injuries to unwary neighbours.

*Double bass*—He-men, they moonlight as lumberjacks and have wrists thicker than a fiddler's waist, which they could wrench as easily as a chicken's neck. Luckily they are gentle and easily intimidated. Can get splinters, so bring tweezers and local anaesthetic.

*Bodhran*—A kind of drum. The instrument of last resort, for those who can play nothing else, and basically an excuse to hang out with the band and drink. These unfortunate individuals are prone to depression, because everyone else, even the guitarists, at worst despises and at best feels pity towards them—that is, "pity we've no shotgun." Bullet proof clothing is advisable, and be ready to borrow the bass man's tweezers to extract the pellets from your arse.

*Accordion*—The musical equivalent of an infectious, purulent skin rash, which is a bizarre coincidence as they sweat profusely with the effort required to carry the damn thing and are prone to develop infectious, purulent skin rashes.

*Banjo*—Suffer from a chronic inferiority complex, but, as they constantly reassure themselves, at least they ain't guitarists. Hate mandolin players for associated reasons. Are shy with girls and drink too much, so not an advisable instrument for single men with addictive personalities. Usually have domineering mothers, and make particularly pathetic and offensively melancholic drunks.

*Tin whistle*—Prone to falling forward when stuporous and consequently liable to teeth and palate injury, as the whistle is usually still in position. Gumshields are advised and, uniquely, may improve their appearance.

*Flute*—Slobber a lot, so other musicians must sit some distance away lest body fluids are inadvertently exchanged. It is stating the obvious that they are usually farmers.

*Mandolin*—Bags of street cred, but as this instrument is utterly inaudible, the musician often wears a wet T shirt to attract attention. Chronic chest problems are a consequence.

It is indeed a perverse and bizarre world where you need a licence to own a dog yet any fool can play a bodhran. But are we simply avoiding intimacy issues in a fog of wild ceildh tunes and whiskey fumes? And who wants to be there when the music stops? Do I have to say I love you in a song?

Liam Farrell, *general practitioner, Crossmaglen, County Armagh BT35 9HD*

